Your Voice

“Hidden Hurts”: Domestic Violence Abuse Research

Victims and Perpetrators of DVA with learning disabilities and/or autism

September 2020

Prepared by:

Talkback

FIRST FOR LEARNING DISABILITY & AUTISM

Contents

Introduction

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Talkback was commissioned by Buckinghamshire Council in March 2020 to conduct a study into the relationship between DVA and learning disabilities and/or autism.

More specifically, the objectives of the study were:

1. To establish the nature and scale of DVA issues related to people with learning disability and/or autism, both as victims or perpetrators; and including people with relatively minor learning disabilities through to those with severe learning disabilities.
2. To identify how relevant services currently provide for learning disabilities and/or autism and DVA issues and make recommendations for improvement

The study was conducted using a combination of desk research and interviews with stakeholders both within and outside Buckinghamshire.

In total, we talked to 47 different services and organisations between April and July 2020 (a list is included in the Appendix). Talkback would like to thank all these services for their time and input. In particular, **we would like to thank Aylesbury Women's Aid for their invaluable help and support throughout the project**.

Sadly, the project timing coincided with Covid-19. This limited our ability to talk directly to people with learning disabilities and/or autism who had experienced DVA, and people working in health and other services who were struggling to cope with the impact of the pandemic.

In addition, the timing made it difficult to access local data. While we had the welcome help of a Buckinghamshire Council analyst, Covid-19 data requests had to take priority.

> A learning disability affects an individual's capacity to learn certain life skills throughout their whole life. The challenges experienced vary from person to person. Some of these disabilities may include understanding information, communicating with others, and learning and maintaining skills such as managing money, reading, writing and personal care.
>
> A learning disability affects every aspects of a person's life whereas a learning difficulty affects specific information processing (e.g. dyslexia, dyspraxia, ADHD).

Talkback defines a learning disability as follows (other definitions are given in the Appendix):

When quoting from academic papers, we have sometimes used the term intellectual disability because in the US they use the term 'intellectual disability' to describe what we in the UK refer to as a learning disability (they use the term 'learning disability' to describe what we in the UK refer to as a learning difficulty). As a result, many academics refer to 'intellectual disability' in their papers[1],[2].

Women's Aid defines DVA as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have

[1] https://onlinelibrary.wiley.com/doi/abs/10.1111/bld.12209

[2] https://www.understood.org/en/learning-thinking-differences/getting-started/what-you-need-to-know/whats-the-difference-between-learning-disabilities-and-intellectual-disabilities

been intimate partners or family members, regardless of gender or sexuality. This includes stalking and harassment, FGM and forced marriages.

Management Summary

Management Summary

There is general agreement (among providers and services both within and outside Buckinghamshire) that people with learning disabilities and/or autism are more likely to suffer from DVA than other people, and are less likely to report it when they do. This is particularly true for those living independently.

Studies (further detail provided in section 4.2 of the Main Findings) have shown that:

- Individuals with disabilities are significantly more likely than individuals without disabilities to experience any form of violence in a 12-month period, with the likelihood of this experience increasing 2.71 times for individuals with intellectual (learning) disabilities.
- Women are more than twice as likely, and men are 72% more likely to be victims of partner abuse if they have a long-term illness or disability.
- Women who screen positive for autism have nearly three times the odds of having experienced sexual abuse as those who did not.

However, there is a lack of local quantitative data to prove this is valid in Buckinghamshire, and this is a cause for concern:

- Buckinghamshire Council will want to avoid any negative publicity, and a more holistic approach is needed in Buckinghamshire (from both the Council and its providers).

To gain better data:

1. **Services should explore how to achieve a common approach to collecting and sharing data.** Having a learning disability practitioner present when an assessment is made would facilitate the disability categorisation.
2. All **services should be encouraged to record whether or not the victim or perpetrator has a learning disability for all cases of DVA** (and all other reported crimes), whatever their categorised level of risk – and that data needs to be more easily available.

To encourage more reporting:

1. There needs to be **greater awareness of what abuse is**, and **greater awareness of how to report it**, among the learning disability community. This needs to extend to all in the community, particularly those living independently and potentially not currently in contact with learning disability services.
2. **Less fear of reporting (and the consequences of reporting)**. In particular, the relationship with the police needs to be rethought and improved. Also, consideration should be given to how parents with learning disabilities and/or autism who report DVA can be supported to keep their children, and how parents with children with learning disabilities and/or autism who perpetrate DVA can receive whole family support.
3. An **accessible version of the DASH risk assessment** should be created and piloted (we are aware of a version for all disabilities and a version for children, but not one for learning disabilities). This would help ensure correct categorisation when first reported. The current assessment relies on an accompanying conversation to complete, which (if led by someone with learning disability experience) may work but (if led by someone who doesn't have such experience) may not.
4. Greater **awareness among learning disability providers (and other services) of the need to regularly ask questions** e.g. 'how is life at home?', 'is there anyone at home that scares you?'. To aid responses, visuals may be needed e.g. emojis.

To increase awareness of DVA, and to prevent DVA, there needs to be:

1. **More education in the learning disability community** on all aspects of safe (and unsafe) relationships from sex education to financial management – and what is 'good' and 'bad' behaviour. This should ideally be led by peers with learning disabilities who have been victims of DVA, working with learning disability and DVA mentors.
2. More self-advocacy sessions to ensure people build their self-confidence and develop more self-esteem. It is particularly important that they **gain the confidence to say 'no'.**
3. **More training of learning disability providers**, healthcare professionals and other professionals, to boost their understanding, confidence and ability to deal with DVA cases. NB to persuade them to engage with such training the evidence suggests it needs to be marketed as 'safe relationships' training rather than 'domestic abuse' training.
4. To support the above, **a toolkit of resources needs to be created**. There are already many available resources to put into that toolkit. Others may need to be created, following a thorough review of what currently exists. Delivery is not about a one-off training course but about creating and developing champions in each organisation, who can work (potentially with the support of external providers) to change attitudes and processes over a period of time. Talkback has built an outline model of how this could work at low cost and high impact.
5. Also, ways of reaching those with milder learning disabilities who live independently (many of whom are not currently in contact with learning disability services) should be considered (in order to extend the reach of the education given). One option, proposed by Talkback, is to set up an easily accessible and specialist support and advice service (similar to the Citizen's Advice Service but for people with learning disabilities and/or autism):
    - The aim of such a service would be to offer specialist support and advice across a wide range of social issues including safe relationships and DVA - and to create a safe space where such issues can be discussed with people who understand the particular communication needs of people with learning disabilities and/or autism.
    - Having built a trusting relationship, we would be able to create a community safe approach, enabling people to confidently report concerns and incidents to the police and other authorities. We have full details of how this would work

For those who have been victims of DVA there appears to be **a need for more specialist support**, with more time allowed for the counselling needed to help them overcome their trauma:

1. For those who need and want alternative accommodation, there is the **option of relocating victims to Beverley Lewis House** in London (if the funding can be made available), but some may find such a significant move from local support structures difficult and capacity at Beverley Lewis House is limited. There is a need for more local housing offers where the victim will be protected from their perpetrators (or other perpetrators), and **those offering support at that alternative housing should have both DVA and learning disability training**.
2. There is probably not enough demand for specialists who only deal with people with learning disabilities. However, **every DVA service could employ at least one person with significant learning disability experience**, supported by specialist learning disability training and a close working relationship with a local learning disability provider (who could maybe attend support sessions). This specialist would then be able to work with victims with learning disabilities when the need arises.

3. In addition, there is a need for **more specialist resources** to help the DVA services provide the necessary support. Some of these exist, but some may need to be created e.g. the Mr Right and Mr Wrong cards (used by the Freedom programme) may need to be adapted.
4. Social services could perhaps keep a record of the extent to which each DVA service and housing provider can provide specialist support. Learning disability providers could work with other services to help fill any gaps.

For those who have been perpetrators of 'child' on parent DVA **there is currently a gap in terms of easily accessible and effective whole family support**. The Family Support Service could provide that support, if made easier to access. Alternatively, a learning disability and/or autism provider could be commissioned to offer an easily accessible and specialist service.

More access to Respite Services would also help families cope with their 'child's' behaviour.

For those who have been perpetrators of sexual abuse, the Circles approach used by Circles UK, Circles South-East, and now Respond (a London based charity supporting people with learning disabilities who have suffered trauma) may offer a therapeutic solution. Other options may also be effective. To help prevent such abuse (learning disability) accessible sex education is needed throughout secondary schooling and beyond.

Preventing DVA among today's families should be viewed as an early intervention into preventing DVA among tomorrow's.

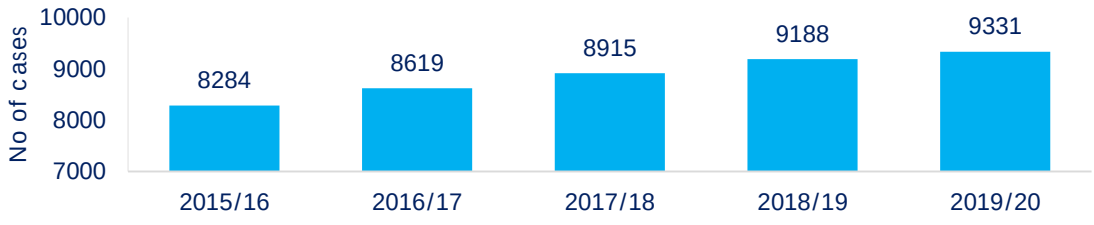
Main Findings

Main Findings

1. Prevalence of DVA in Buckinghamshire

As evidenced by the graph below, the total number of cases (recorded by Thames Valley Police) of DVA in Buckinghamshire is **on the increase** – and **there are now over 9,000 reported cases a year in the county**. (Note: Most of these will not have learning disabilities, but there is no disability or learning disability breakdown so it is impossible to know).

Chart 1: Number of DVA cases in Buckinghamshire (Source: Buckinghamshire Council)



Nationally between 2015 and 2018 the number of incidents showed little change (Source: Crime Survey for England and Wales – y/e March 2018)[3] but the number of cases recorded by police did increase. This increase, both nationally and in Buckinghamshire, is **believed to be partly due to an increased willingness to report, partly due to better police recording, and partly due to the introduction of coercive control as a crime in 2015.**

Thames Valley Police only started to categorise cases by risk level in 2018. In 2018/19 28% of cases (where a risk level was recorded) were high/medium risk – so 72% were classified as standard (Source: Buckinghamshire Council):

- When a case is categorised as standard by the police no further action is taken, but the case may still be reported to DVA services via other services or via self-referral. If reported to DVA services the DASH risk assessment is repeated and the case may then be re-categorised as medium/high risk, or it may remain standard risk. If re-categorised as high risk, the case would automatically be referred to MARAC.
- When a case is categorised as medium risk by the police, a Women's Aid IDVA would contact the victim, give him or her advice, information and safety planning, and ask him or her if they wish to engage with Women's Aid. If they do, the case would be officially referred to the Women's Aid service, a worker would be allocated to work with them, and a further risk assessment would be completed as above.
- When a case is categorised as high risk by the police, the case would be referred to the Domestic Abuse Investigation unit at the police station and a MARAC referral would be made.

It should be noted that **many cases are not reported to police**. For example, nationally only 18% of women who had experienced partner abuse in the last 12 months reported the abuse

[3] Crime Survey for England and Wales – y/e March 2018: (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018)

to the police (Source: Crime Survey for England and Wales – y/e March 2018)[4] – but at least some of those not reported to police may still be reported to DVA services via other routes (some would say many, but we haven't yet found data for how many). This suggests that there may in fact be many more than 9,000 cases of DVA in Buckinghamshire ever year.

However, the Bucks Safeguarding Team is clear that any case reported to its service has to be reported to the police as well, and Women's Aid tells us that they always refer people to adult or children's social care if there are safeguarding issues.

One of the reasons many cases are not reported is that **34.3% of victims of partner abuse don't perceive what has happened to them to be domestic violence or abuse** (Source: Crime Survey for England and Wales - y/e March 2018)[5]. All of our experience suggests this percentage would be significantly higher for people with learning disabilities and/or autism.

There are over 9000 reported cases and many more unreported in Buckinghamshire. Those with learning disabilities and/or autism are particularly likely to not report cases.

2. Prevalence of people with a learning disability in Buckinghamshire

Figures vary according to the source used. However, the current Buckinghamshire Council Learning Disability Strategy document states that there may be 9818 adults with a mild learning disability in the county, and 2040 people with a moderate or severe learning disability, totalling 11858 people. This broadly fits the national average of 2.3% estimated by the NHS[6] (but less than the 3% estimated by the Family Resources Survey[7]).

The same document:

- Forecasts a 11% increase in people with a learning disability by 2035.
- Says that only 1100 people with a learning disability are known to social care. The rest live with family/friends or independently.

A barrier to collecting accurate and consistent data is that different organisations and services appear to use different approaches for identifying and recording people as having a learning disability:

- The Learning Disability team only cares for those formally identified as having a learning disability from a very young age. It therefore excludes those whose disability is identified later, many of whom may have a relatively mild disability.
- HPFT (Hertfordshire Partnership Foundation Trust) only cares for those with a medical diagnosis of a learning disability who have a health need. They tell us that many GPS do not like providing a formal diagnosis, families do not push for a referral when they are managing without one, and a diagnosis is not necessary for claiming benefits. As a result, they 'only' have 543 on their records (currently).

[4] Crime Survey for England and Wales – y/e March 2018: (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018)

[5] Crime Survey for England and Wales – y/e March 2018: (https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018)

[6] https://www.nhs.uk/conditions/learning-disabilities/

[7] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201819

- Health services use the SNOMED-CT Code[8] to determine if someone has a learning disability (see Appendix – Useful Resources 3).
- Local police define anyone who can't read or write as having a learning disability (according to the Learning Disability team). However the 2018 Tizard Centre report[9] included the following findings:

  'Police officers may often be unaware that they are communicating with a woman with an intellectual disability unless she is already known to them'

  'Most Police are confident that they can identify someone with an intellectual disability, but most of the factors which Police use to help them identify the presence of an intellectual disability are those which relate to a significant intellectual disability. However, most evidence suggests that most women with intellectual disabilities who experience domestic abuse live independently, and do not have any care staff'
- Some other providers also use inability to read or write as evidence of a learning disability (in some cases it will be, in others it may be due to a lack of education or may be due to language barriers).
- Some of the DVA organisations simply ask people if they have a learning disability, although they may also take into account any communication difficulties they may be having. This may cause them to fail to recognise some learning disabilities either because the disability is mild, or because the person either doesn't understand or doesn't want to admit they have a learning disability – and hence to under-record their incidence. As one DVA organisation we talked to said:

  "A lot of our clients don't want to be seen as someone with a learning disability … so we don't focus on that" (DVA service provider)

  "Without a test we don't know if someone has a learning disability" (DVA service provider)

  Many DVA organisations have no training in how to recognise if someone has a learning disability, and do not keep records of how many people it supports with a learning disability. (Note: Women's Aid in Buckinghamshire does keep records.)
- Another provider said they simply based their assessment on experience:

  "It's very difficult to get somebody assessed by the learning disability team, but we know from experience if someone doesn't have capacity" (DVA service provider)
- Other DVA organisations rely on social care records to determine whether someone has a learning disability or not.

Consistent data is lacking. Ideally all would use the same approach to deciding and then recording whether someone has a learning disability, both mild and severe

[8] Snowmed-CT Code: https://www.england.nhs.uk/digitaltechnology/digital-primary-care/snomed-ct/

[9] https://kar.kent.ac.uk/67228/

3. Prevalence of autistic people in Buckinghamshire

According to NHS data[10], 1.1% of the UK population is autistic i.e. has an autistic spectrum condition:

- The prevalence rate of autistic spectrum conditions is higher in men (2%) than women (0.3%).
- 60-70% of people who have an autistic spectrum condition also have a learning disability.

This national NHS data may, however, be an under-estimate as we know many with autism are not diagnosed (or only receive a diagnosis later in life). This is especially true of girls/women.

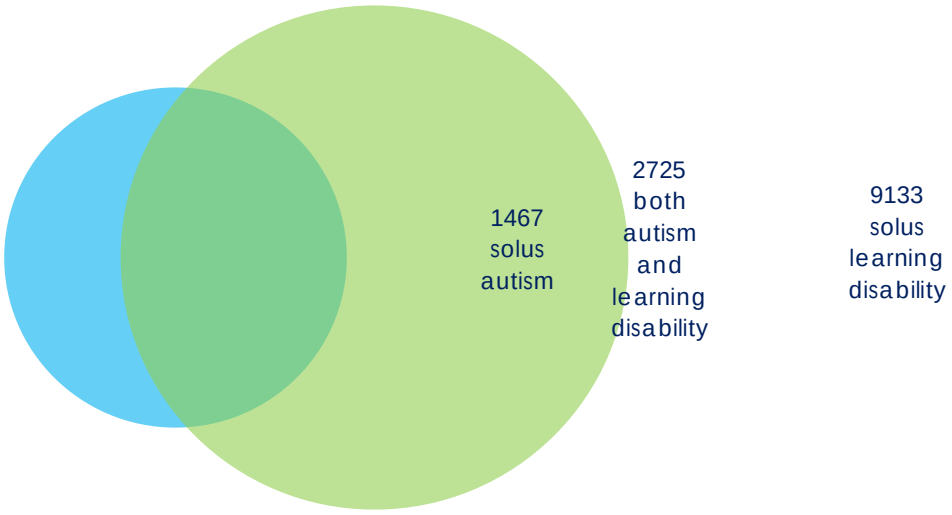
Alternative national data comes from The Family Resources Survey 2018-2019[11]. It estimates that close to 2% of working adults are autistic, based on those choosing 'Socially or behaviourally, associated with for example autism, attention deficit disorder or Asperger's' from a list of conditions, having previously said yes to the question 'Do you have any physical or mental health conditions lasting or expected to last 12 months, or more?

In Buckinghamshire there were estimated to be 5370 autistic people in 2019. Of these 1364 (26%) were aged 19 or under, 3023 (56%) were of traditional working age (20 to 64 years) and 954 (18%) were age 65 or over. (Source: PANSI 2019 – data supplied to us by Buckinghamshire Council). By 2035, the same source estimates that there will be 5877 autistic people in the county.

The 2019 data would suggest just 0.9% of adults aged 16+ in Buckinghamshire are autistic (we have estimated from the PANSI data that there are 4192 adults aged 16+). This % seems low (given the national data quoted above) and suggests there be many cases of undiagnosed autism in the county.

The estimated relationship between autism and learning disability (among adults in Buckinghamshire) has been visualised in Chart 2 (below):

Chart 2: Relationship between population of adults aged 16+ with a learning disability and autistic adults aged 16+ in Buckinghamshire



[10] https://digital.nhs.uk/data-and-information/publications/statistical/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey

[11] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201819

Note: The above suggests an overall figure of 13,325 for adults aged 16+ with a learning disability and/or autism in Buckinghamshire. Given the population of adults aged 16+ in the county is approximately 426,000 this suggests an overall incidence of 3.1%. However, given the amount of undiagnosed autism, this % is likely to be (in reality) higher.

4. Victims of DVA with learning disabilities and/or autism

4.1 How many people with a learning disability and/or autism are victims of DVA?

There is a lack of up to date data on the prevalence of DVA among adults with learning disabilities and/or autism. Much of the available data relates to those with any disability i.e. not just a learning disability.

Beverley Lewis House (the only UK refuge to specialise in learning disabilities) told us *"there is a serious lack of research and understanding about the amount of people with disabilities that are affected by domestic abuse"*, and our investigations have tended to confirm that.

Nationally there is more data than there is locally. In 2019 6.4% of all DVA cases referred to MARAC nationally involved a disabled victim (Source: SafeLives[12]), but **between April '17 and March '18 only 2.8% of all cases discussed at MARAC conferences in the Thames Valley involved victims with any kind of disability** (there is no breakdown for learning disability). Note: We have not been able to access any up to date MARAC data for Buckinghamshire.

Stay Safe East has developed its own risk assessment specifically for the needs of disabled people[13]. In our view it is not ideal for people with learning disabilities and/or autism (the first question is 'Do you have a disability?' and we don't believe that all would consider themselves as having one – autism, in particular, is not a disability). However, in Waltham Forest (where they operate) 24% of referrals to MARAC were, in 2016, disabled. **This suggests that by using a different risk assessment they have achieved significantly above average rates of disabled referrals to MARAC.**

In one of its presentations Lancashire University[14] said that:

- In 2015-16, 15% of disabled people referred to MARAC remained with their abuser (this compares with 9% for the general population) – and that this **poorer outcome for disabled people** was consistent with other previously conducted research.
- Between October 2016 and September 2017 just 0.7% of MARAC referrals were made by Adult Social Care. In Buckinghamshire, Women's Aid tells us that it also receives very few referrals form Adult Social Care – and yet it is Adult Social Care that is likely to be working with disabled women living with abuse.

The same document:

- Blames this low number of referrals on their belief that 'domestic abuse has been constructed in social work as a children and family issue, obscuring the role that adult social work should play'. They argue that this needs to change, and MARAC should work in tandem with local safeguarding protocols, and awareness of the MARAC process among social workers needs to increase.

[12] https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data
[13] https://safelives.org.uk/practice_blog/recognising-and-supporting-disabled-victims-domestic-abuse
[14] http://wp.lancs.ac.uk/cedr/files/2018/09/Lorna-MARAC-presentation.pdf

- Suggests that the low number of referrals is due to incidents not being taken seriously and/or cases being handled 'in house' – safeguarding is a statutory requirement, but MARAC attendance and involvement is not.
- Argues that **information relating to how a woman (or man) is disabled should be presented on the MARAC referral form prior to the meeting**, so that her individual communication, access and support needs are understood in advance – and appropriate support provided.

Nationally, the ONS[15] suggests at least 20% of individuals with a learning disability have experienced one or more incidents of domestic abuse in their lifetime (2018-19). If this was true for Buckinghamshire, and we assume there are 11858 individuals with a learning disability in Buckinghamshire, then at least 2371 people with a learning disability within the County would have experienced domestic abuse at some time.

The ONS also reports that in the year ending March 2019, **around 1 in 7 (14.1%) disabled adults aged 16 to 59 years experienced any form of domestic abuse in the last year in England and Wales, compared with 1 in 20 (5.4%) non-disabled adults of the same age**. Similar proportions were observed in the year ending March 2014 (14.4% and 5.6% respectively).

In Cambridgeshire (data supplied by the Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership), 5% of victims of alleged domestic abuse cases referred to the Adult Safeguarding team had a learning disability (NB 25% of victims of alleged sexual assault referred to the same team had a learning disability). But **we have been unable to access similar data for Buckinghamshire** (apparently there is no disability, let alone learning disability, indicator in the police crime recording system).

Women's Aid, however, has provided us with both national and local data (see Table 1):

- Nationally, the 2020 Women's Aid report states that 2.4% of all clients accessing all services (domestic abuse, refuge, and community-based) were recorded as having a learning disability.
- Women's Aid gives the following data for adults with a learning disability that it supports in Buckinghamshire via its IDVA/Outreach service:

Table 1: Incidence of learning disability among clients of Women's Aid in Buckinghamshire

Year	% having a learning disability
2017	2.8%
2018	2.1%
2019	1.6%

NB Higher % of cases in 2017 is thought to be due to the communications campaign that ran that year (see Appendix for examples)

[15] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandcrimeuk/2019#domestic-abuse

The Dash Charity, a DVA service which operates within the Borough of Windsor and Maidenhead, told us that that in recent years 3% of its clients have been recorded as having a learning disability. However, they believe this is too low and not enough cases are being reported to them.

SAFE data (see Tables 2 and 3) indicates that it works with many learning disability clients, but most of these are witnesses to abuse rather than direct victims. Note: SAFE works with young people in the Thames Valley (under the age of 25) who have been either the victim or a witness of DVA, after the abuse has ended (i.e. after the perpetrator has been removed from the situation). (Note: Not all were aware the age limit was 25 – some thought it was 18).

Table 2: Incidence of a disability or autism among SAFE clients where client has been a witness of DVA (Source: SAFE)

	2016 %	2017 %	2018 %	2019 %	Average 2016-20 %
LD	6	8	12	14	10
ASD	3	6	5	2	4
Physical Disability	1	2	0	3	2

Table 3: Incidence of a disability or autism among SAFE clients where client has been a victim of DVA (Source: SAFE)

	2016 %	2017 %	2018 %	2019 %	Average 2016-20 %
LD	0	1	0	2	1
ASD	1	0	0	2	1
Physical Disability	1	0	0	2	1

This SAFE data suggests:

- Schools and services are better at identifying witnesses than they are at identifying victims (in Buckinghamshire, Women's Aid receives more referrals from Children's services than Adult) – or within this age group those with learning disabilities are more likely to live at home with parents and are more likely to be witnesses than victims. (Note: Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership believes that where there are no children in the household the abuse is less likely to be picked up by professionals.)
- Young adults with learning disabilities, who are direct victims of DVA, may be less willing/able to report and remove the perpetrator than older adults whose children are witnesses of DVA (and where the child has a learning disability) (Note: younger adults may also be less likely to live with a partner and hence less likely to suffer partner abuse).
- SAFE also believes that it's easier to identify witnesses when they have a learning disability than when they haven't:

> *"Young people with learning disabilities often struggle to regulate their emotions, whereas a young person experiencing DVA who doesn't have a*

learning disability may be better able to hide what is happening at home" (SAFE)

DVA referrals make up 32% of all referrals for Thames Valley into the Victims First Hub. 2.2% of these (who are successfully contacted) have disclosed a disability (0.3% a learning disability) (Source: Victims First).

Again, it is hard to find consistent data. Percentages vary between 14% in Thames Valley (SAFE), 5% in Cambridgeshire (Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership), and approximately 2% in Buckinghamshire (Women's Aid) or 0.3% in Thames Valley (Victims First). However, most sources (see sections 4.2 and 4.3) would agree that the Cambridge data is closer to reality.

4.2 Are people with learning disability and/or autism more likely to be victims?

Almost all the stakeholders we interviewed felt that people with learning disabilities and/or autism are more likely to suffer abuse and less likely to report it (or leave the perpetrator).

But, again, there is limited data to support this belief. Most seem to rely on the Public Health England 2015 report[16] which estimated that **people with a learning disability are 1.6 times more likely to have been a victim of a domestic abuse incident in the last 12 months**. If true, then at least 3.2% of cases seen by DVA services should be people with a learning disability (based on 2% of the population having a learning disability) or 4.8% if the incidence of learning disability is 3% (as determined by the most recent Family Resources Survey data), and even higher if autism is included. The fact that the recorded %s are generally lower than this supports the belief that DVA involving people with learning disability and/or autism is more likely to be under-reported than DVA involving other groups of people (see section 4.3).

The Public Health England 2015 report also states that:

- Those with a non-limiting disability (of any kind – but their disability does not limit their day to day activities) are 1.77 more likely to have experienced domestic abuse in the last year.
- Those with a limiting disability (of any kind – but their disability does limit their day to day activities) are twice as likely to have experienced domestic abuse in the last year.
- Women with anxiety disorder are over 4 time more likely to experience domestic abuse (Note: there is little data for those with autism).

The 2012-13 Abuse of Vulnerable Adults report (produced by the NHS)[17] shows that:

- 19% of the disabled adult referrals had a learning disability. This is just above the 14% prevalence of learning disability among all adults with a disability.
- However, people with a learning disability accounted for 27% of repeat referrals.
- This again suggests that **people with a learning disability are more likely than people with any other kind of disability to be referred following DVA – and particularly likely to be referred more than once** (because they are less likely to leave their perpetrators, hence more likely to be repeat victims?)

[16] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

[17] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2012-13-final

Professor Erica Bowen of Worcester University presented the following data at the 2017 Thames Valley Domestic Violence Conference[18]:

- *'Emerson and Roulstone (2014) found that individuals with disabilities were significantly more likely than individuals without disabilities to experience any form of violence in a 12-month period, with **the likelihood of this experience increasing 2.71 times for individuals with IDs (intellectual disabilities)**'*

An American study[19] showed that **women who screened positive for autism had nearly three times the odds of having experienced sexual abuse** as those who did not screen positive. Another 2018 York University study[20] stated that the autistic participants 'reported experiencing, as children, more overall victimization; specifically, more property crime, maltreatment, teasing/emotional bullying, and sexual assault by peers, compared to participants without ASC (autism spectrum conditions).

ManKind reports that 4.3% of men and 10% of women with a long-term illness or disability were victims of partner abuse in 2018/19[21]. The corresponding %s for those with no such long-term illness or disability were 2.5% and 4.9%. So, **women were more than twice as likely, and men were 72% more likely to be victims of partner abuse if they had a long-term illness or disability.**

The most recent ONS data[22] on domestic abuse for England and Wales reveals that:

- 34.8% of adults aged 16-59 with a long-standing illness or disability were victims of partner abuse.
- The % where the illness or disability related to learning, understanding or concentrating was 6.2%, and the % where the illness or disability was social or behavioural was 2.4% (in both cases just over double the incidence of the disability in the general population). (Source: Crime Survey of England and Wales 2018).
- NB If incidences of parent/child abuse or carer abuse are included, the % of those with a learning disability suffering DVA would be even greater than 6.2%, adding **further support for the view that people with a learning disability are significantly more likely to suffer DVA**. (Source: Crime Survey of England and Wales 2018).
- Note: These %s are based on all with a learning disability. However, at least 10% of those with a learning disability will be living in supported living accommodation and will be less likely to be suffering DVA (by definition DVA only takes place in the domestic setting, although there could be incidents when they return home for visits or family holidays), so **the incidence among those living independently may be even higher.**

The Forced Marriage Unit 2017-19 report[23] shows that an average of 9% of their cases involved someone with a learning disability. This suggests that those with a learning disability are more than 3 times as likely to be a victim of forced marriage:

- If incidence of a learning disability in the general population is 3% then 9% is 3 times 3%

[18] https://thamesvalley.s3.amazonaws.com/Documents/Victims/Conferences/Learning%20Disabilities/Gaps%20in%20Knowledge%20and%20Practice%20in%20Working%20with%20Perpetrators%20of%20Domestic%20....pdf
[19] https://www.spectrumnews.org/news/girls-autism-high-risk-sexual-abuse-large-study-says/
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5980973/
[21] https://www.mankind.org.uk/wp-content/uploads/2020/03/50-Key-Facts-about-Male-Victims-of-Domestic-Abuse-and-Partner-Abuse-March-2020-final.pdf
[22] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018
[23] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/894428/Forced_Marriage_Unit_statistics_2019.pdf

However, between April '18 and March '19 only 1% of those accessing national IDVA services were categorised as having a learning disability (Source: SafeLives Insights[24]). This suggests that while those with a learning disability are more likely to suffer DVA, **their cases are less likely to be classified as serious, warranting IDVA support**.

More locally, the SAFE data shown previously (on page 16) suggests that within the Thames Valley:

- There is more DVA among families where learning disabilities are present than the official national data suggests.
- While only 14% of people with a disability have a learning disability (according to the Family Resources Survey data[25]), 1/3 of their direct victim cases involving someone with a disability were learning disability cases (and 3/4 of their witness cases involving someone with a disability were learning disability cases) – again suggesting a strong relationship between DVA and learning disability.

The nursery school at The Healthy Living Centre in Aylesbury Buckinghamshire reported a 7% incidence of DVA and learning disability among its parents (NB this was an estimated figure).

Many of the learning disability providers we talked to reported seeing very few cases within their services - they argued that most live with 'good families' or in supported living where (they believe) it is less likely to happen. While this may be the case, it may also be a consequence of them not asking the right questions of their members (relying instead on visible physical and/or emotional changes). All would claim that they give their members the confidence and the time to speak up, but:

- Most wait for their members to approach them rather than vice versa (and we know that may not happen for a variety of reasons – see section 4.4)
- Even when provided with the opportunity to speak, families may have told members not to talk about it.

The housing providers, however, were aware of more cases (they have more contact with those living in independent social housing). One reported seeing the following typical pattern of behaviour:

- It starts very subtly and slowly escalates, and the person is lulled into a normal pattern of abuse. He or she wouldn't see it as out of the ordinary.
- It is only when there is physical abuse, that something may get noticed. Often it is a local shopkeeper who notices the changes, but they are unable to make a referral as they don't know the person's full name, date of birth etc. There may be a hospital admission, or the police may get a call to notify them of a disturbance. Usually the person doesn't come forward on their own.

Another (Ategi) told us about a case where they supported a man with a learning disability. He was being financially and emotionally abused by his ex-wife and new partner, and had previously been abused within the marriage by the wife who also had a mild learning disability/difficulty.

When Talkback ran its consultation on relationships and abuse in 2017, it found that almost all the people with learning disabilities that it talked to had experienced some kind of abuse, whether in the family home, institutions or the community. However, most did not speak of their experiences in terms of abuse.

During the Talkback project the following voices were heard:

[24] https://safelives.org.uk/sites/default/files/resources/Idva%20NDS%20201819.pdf
[25] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201819

> *"**I used to suffer the abuse and depression in silence**. That's why I had eating disorders. I'm still scared and frightened now" (Talkback consultation participant)*
>
> *"My father used to turn up the music loud. Then **he would hit me**" (Talkback consultation participant)*
>
> *"**My family ask me for money**. My social worker tells me to say no, they have their own money, but I feel so bad about it" (Talkback consultation participant)*
>
> *"She said **if you play up, I'll get social services to give you a bath**. It upsets me. I have to hit myself on the wall and make myself cry" (Talkback consultation participant)*
>
> *"A long time ago **I got hit by mum and dad**. It's painful to think about it. I've never been able to talk to anyone about it" (Talkback consultation participant)*

Finally, Dr Ravi Thiara included the following voice in her report 'Losing out on both counts: Disabled women and domestic violence'[26]:

> *"He used to take the piss out of me because of my learning disability. He used to show me up in front of his mates if I couldn't work something out. **He'd say 'you're useless, you can't do nothing**'" (Source: Dr Michelle McCarthy – Tizard Centre)*

The stakeholders we talked to believe, and the data seems to support, that people with learning disabilities and/or autism are more likely to be victims of DVA. The housing providers were particularly likely to have experience of these cases as they have more contact with those living independently.

4.3 Many believe there is significant under-reporting of DVA cases

Many believe there is significant under-reporting of DVA cases among those with learning disabilities and/or autism for the following reasons:

- Many victims **don't understand that what they're experiencing is wrong** i.e. is abuse, and therefore don't feel the need to report:

  > *"I think there's a massive underreporting of abuse as victims just don't understand what's happening to them is wrong … they need to be taught what is right and what is wrong + what are their rights" (DVA service)*
  >
  > *"What we think of when we talk about abuse may be very different from what a person with a learning disability thinks … so it's meaningless to ask them 'Are you being abused?" (Jeanette Hutchinson or Trevor Smith, Social Services)*

- People with learning disabilities may have experienced polyvictimisation (repeat experience of being abused throughout their lifetime), and this may cause them to feel **the abuse they're experiencing is familiar and acceptable – not wrong**. Similarly, they may feel they don't have the right or ability to complain:

  > *"A lot of our guys don't know their rights" (Learning disability service)*
  >
  > *"They aren't empowered" (Learning disability service)*

[26] https://safelives.org.uk/sites/default/files/resources/Disabled%20Women%20and%20DV%20-%20FINAL%20-%20SafeLives%202016%20-%20Ravi%20Thiara.pdf

> *"Perpetrators may manipulate the victim's sense of invisibility and feelings of lowered self-confidence to normalise the abusive behaviour .... that in itself is quite a barrier, for victims to be able to see that actually life could be better" (Dr Michelle McCarthy of the Tizard Centre – Choice Support Supported Loving podcast Episode 2)*[27]

- Some can be hugely dependant on their families or partners, and hence very unlikely to challenge what is happening to them or to report the behaviour. They are **frightened of getting others into trouble** as this may damage the relationship or may cause the abuse to accelerate as punishment. The following are quotes from the 2017 Talkback consultation report:

> *"Speaking up causes rows and trouble" (Talkback consultation participant)*
>
> *"I'd be too scared to tell. You don't know what the other person is like. It could come back to haunt you, you'd get hurt" (Talkback consultation participant)*
>
> *"If it happened now, I'd be scared to tell. I'd keep it to myself and start acting strange. I wouldn't eat. I used to suffer in silence. I'm still frightened now" (Talkback consultation participant)*

- The perpetrator may prevent the victim from socialising and hence **limit their opportunity to report**. Schools tell us they sometimes only see one parent although they know both are at home. Health and social services often only see people with learning disabilities when their carers are present, meaning there is limited opportunity for them to explore whether any DVA is taking place or not
- It may be particularly difficult for someone with a learning disability to report as they may struggle to go on public transport alone making it difficult for them to access services, they are **often reluctant to make phone calls** (the main initial means of reporting) and some have limited online access.
- Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership discovered during their work that **victims are often just given leaflets or told to call a helpline** when they disclose to non-DA professionals such as GPs, health visitors etc. if the person has low literacy levels or is unable to use the telephone due to their disability then they are unlikely to ask for help again as they feel 'fobbed off':
  - In one instance one of their members had raised concerns when she was in an abusive relationship several years previously. The professionals she approached for help only gave her leaflets or website addresses, but **she couldn't act on them as she couldn't read … so the abuse was not reported**
- Some **may lack verbal communication skills**, or their verbal communication may be particularly weak when stressed and/or when the content discussed is emotional and challenging (Source: SafeLives – Talking Mats)[28]. When people find language difficult, they will often just agree rather than admitting they don't know what you're asking.

[27] https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-podcasts

[28] https://safelives.org.uk/practice_blog/helping-women-learning-disabilities-express-their-views

> *"I think it is often a challenge to gain the perspective or voice of the victim, dependant of the severity of their disability and often they are not seen as credible witnesses especially in cases of sexual abuse" (DVA service provider)*
>
> *"One of our service users did not understand negatives and so would find it difficult to answer questions accurately depending on how they were phrased. This was only apparent once a speech and language therapist had assessed the client" (Learning Disabilities Primary Care Liaison nurse)*

- The perpetrator may have **told the victim not to talk about it** or may have groomed the victim to not trust external agencies, and/or may have threatened them with loss of care and/or children if they do. We were told that sometimes the perpetrator will insist at least one child is always left at home, when the victim goes out, to ensure they return.
- There is a **lack of confidence among non-DVA professionals in dealing with such an emotive subject**. Both our conversations and academic research have told us that learning disability services, health services and social services are all reluctant to explore the home lives of their service users as **there is a real fear of 'opening that can of worms'** – and learning disability providers often see DVA as an issue they do not need or feel able to deal with):

  > *"You sometimes get an inkling but it's very difficult to know how to tackle … you might be way off beam …. you don't know what you're getting into" (Learning Disability service provider)*
  >
  > *"It's so complicated" (Learning Disability service provider)*
  >
  > *"It can be hard to put your finger on" (Learning Disability service provider)*

  As a result, they may miss cases:

  > *"Clients don't tell social workers or GPs unless they ask" (DVA service provider)*

  The following illustrates a case missed by a social worker (but fortunately the individual managed to self-refer herself):

  > *"We had a case yesterday. She decided she'd had enough and referred herself … she's good with a smart phone and found us … **the social worker wasn't aware of what was going on** …. all in the family have a learning disability, and the wife and son were being abused by the father … the wife **doesn't go to day services so there was no opportunity for her to reveal** … the son does go one day a week, but that's stopped with lockdown" (DVA service provider)*

- **Another issue is that learning disability services, and other services, can become too close to their members' families, and be reluctant to report them, putting any abuse down to simply family stress (compounded by the need to care for someone with a learning disability). There is a tendency to describe family carers as 'good people', and the Covid-19 lockdown may have made this worse as some of the learning disability services told us that they had become closer to families during the period. Dr Ravi Thiara (Warwick University) refers to this as the tendency to regard carers as 'Caring heroes'[29].**

[29] https://safelives.org.uk/practice_blog/understanding-disabled-womens-experiences-domestic-abuse

- **Professionals also often lack the training** to assess whether DVA has taken place or not, and how to subsequently handle the situation:

  > *"We used to come across young men with quite severe learning disabilities, where the parents arranged marriages with girls with different levels of intelligence … **when are they deemed to have the capacity to consent**?" (former employee of Bucks Colleges)*

  > *"**There is a lack of knowledge about how to intervene** when abuse is suspected as the perpetrators are often family members. I believe this is compounded by the lack of alternatives to people staying in their homes with the abusers so only extremely bad cases are taken seriously" (DVA service provider)*

- This lack of confidence and understanding is confirmed by academic research. The Tizard Centre (University of Kent)[30] has reported that:
  - A lack of confidence and understanding appears to negatively impact the willingness of health and social care professionals to even raise DVA concerns with women, and provide appropriate support when confronted by someone in this situation
  - Professionals rarely, if ever, asked the women if they were experiencing domestic violence. NB NICE 2014[31] said 'this should be a routine part of good clinical practice, even where are no indicators of such violence and abuse'
- Professionals find it easy to identify cases of neglect where the abuse is visible, or financial abuse when bills can't be paid, but **more hidden neglect like coercive control (which was only recognised as a crime in 2015) is harder to spot:**

  > *"(Financial abuse) comes to our doorstep a lot more" (Jeanette Hutchinson or Trevor Smith, Social services)*

- **Lack of time** is another reason why health and social services often fail to dig any deeper than the immediate problem they are presented with (even on those, often rare, occasions when they are able to talk to the potential victim alone). There is limited time for them to administer the DASH risk assessment, or to have the conversation that will enable them to gain all the information they need to complete it.
- Some the providers claim to pro-actively make space for one to one time with their members or clients, but **many admit they simply rely on the 'victim' asking for time alone, and many with learning disabilities will never ask**. Note: One learning disability provider claimed to have one to one discussions, but these tend to focus on *'how you are getting on here?'* rather than *'how you are getting on at home?'.*
- While an annual health check is potentially a face-to-face opportunity for GPs to ask questions about domestic abuse (Source: SafeLives Disabled Survivors[32] + conversations with stakeholders), not all with learning disabilities are eligible for such tests (only those on their GP's learning disability register are eligible) or attend them. One of our 'interviewees' suggested that smear tests could provide an opportunity, and midwife

[30] https://kar.kent.ac.uk/63435/

[31] https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations

[32] https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf

appointments are also an opportunity (especially if these are with a specialist learning disability midwife).

- There is a public (and in some cases professional) opinion that people with learning disabilities don't/can't have intimate relationships so the risk of abuse in these relationships is rarely considered.

- **Some believe that those with learning disabilities can 'cry wolf'** (because of their lack of understanding and inability to make sense of what they're experiencing), and therefore their reports are not always taken seriously:

  > *"She used to come in and tell of appalling violence at home … she showed us her bruising but it was just wet eczema… she had been watching TV dramas at home and then transferred the drama to herself" (Former employee of Bucks colleges)*
  >
  > *"A young man who had been brought up to believe he shouldn't have sex … he was almost brought up asexual … so when he started to have sexual relations with his girlfriend he thought it was wrong and reported it as such" (Former employee of Bucks colleges)*
  >
  > *"One lady alleged she'd been raped by her boyfriend. What had happened is she'd watched an episode of EastEnders where the character had got into a fight with her boyfriend and then in the subsequent scene was raped, so when she had a fight with him she made an incorrect link" (Jeanette Hutchinson or Trevor Smith, Social services)*

- Conversely the victims **may not speak up for fear of not being taken seriously**. If no action is then taken and *"if the perpetrator gets a whiff of what's going on, he or she may escalate the abuse".*

- People with learning disabilities generally **distrust the police** and won't report to them unless they have previously had a very positive relationship (and most have not). Many believe that *"the police won't do anything anyway".* (Note: At Talkback we've worked to overcome this among our members).

- One of the housing providers we talked to knew of cases that had been open for months and months, and the person we talked to has ended up wondering if this is because the **person with a learning disability is deemed less important.**

- Cases that are reported are **sometimes classified as behaviour problems rather than domestic abuse problems** i.e. it's blamed on the victim's learning disability (and carer stress … *'we're all human and lose our rag occasionally'*) rather than on the perpetrator's abuse, and therefore are not included in official DVA data.

- Alternatively, those with learning disabilities **may not have the capacity to focus for the length of time needed to complete the DASH risk assessment**, so their case is not recorded (Source: SafeLives[33])

- Other than the police, many with learning disabilities **do not know where or how to seek help**. There is a continual need to reinforce information and remind them where to go via local targeted media (and accessible websites for those with online access).

  > *'Barbara Davis' abusive boyfriend burned her fingers on the stove when he discovered her packed suitcase under the bed and realised she was trying to*

[33] https://safelives.org.uk/practice_blog/10-key-practice-points-supporting-clients-learning-disabilities

*leave. He had controlled Davis, 36, who has a mild learning disability, for years. He isolated her from family and friends, verbally abusing her parents until they stopped visiting. He locked her in the privately rented London flat they shared, goading her to kill herself. She recalls: "He told me to strangle myself with a wire … he wanted me to die." **Unaware of the existence of domestic violence support agencies or refuges**, Davis (not her real name) eventually escaped with the help of family and is now in supported living' (Source: Guardian newspaper[34])*

- Some DVA services **conduct most of their work over the phone which means they may be missing opportunities to identify victims with learning disabilities** (this will have been particularly true during the Covid-19 lockdown). Most can be accessed online but again not all would have online access. Some offer physical access, but without transport (or ability to use public transport by themselves) that can also be difficult. (Note: Aylesbury Women's Aid tell us they always try and meet people face to face).
- Finally, as both a learning disability provider and a housing provider told us, **staff and team changes can also inhibit reporting**. Trusted relationships are destroyed, historical evidence/stories get diluted, and information falls through the net (and the introduction of GDPR hasn't helped as it prevents case notes from being passed on).

National data suggests there is significant under-reporting of DVA (see pages 10 and 11). With people with learning disabilities and/or autism it is generally agreed that this happens to an even greater extent due to their relative lack of understanding, communication and social skills – and due to the lack of confidence professionals have in talking to them about it.

4.4 Reasons why people with learning disabilities and/or autism are more likely to be victims

There are many reasons why those with learning disabilities and/or autism may suffer more than others:

- They are believed to be more likely to get into bad relationships as there is a lack of safe places for them to start a relationship, where they can meet like-minded people. They (quite rightly) want to experience the same things as everyone else – the opportunity for a romantic relationship, sharing a home and feeling connected to someone – yet many are lonely and isolated.
- They have a more limited understanding of what is good and bad behaviour within those relationships.
- They are often reliant on others to help them with everyday tasks, making it easy for their carer to take advantage of them[35] … and making them less likely to leave the relationship.

[34] https://www.theguardian.com/society/2015/feb/10/victims-domestic-violence-abuse-women-learning-disabilities

[35] https://www.anncrafttrust.org/disability-domestic-abuse/

Reliance on care (from external as well as internal carers) makes those with disabilities particularly vulnerable. (Source: Anne Craft Trust – University of Nottingham)

- Some may think of themselves as being 'lesser beings' so are more accepting of being treated as such / are less likely to say 'no' (particularly those who struggle with communication).
- Similarly, people with learning disabilities are particularly likely to lack confidence and assertiveness, and more likely to adopt people-pleasing behaviour.
- They have fewer external contacts to talk to about their relationships. This is particularly true of those living independently:
    - Dr Noelle Blackman of Respond[36] (a charity aimed at lessening the effect of trauma and abuse on people with learning disabilities) says women with learning disabilities are seen as an easy target by coercive and controlling men (and women). These men (and women) know their victims are less likely to be believed/gain justice if they have a learning disability.
- A carer may struggle to look after a person with a learning disability and may express their frustration as DVA:

    "We did have a couple in their 40s, 2 women. The perpetrator had acute mental health problems; the partner had a learning disability. The abuse was born largely out of frustration. We had to work very intensively with both" (Housing provider)

- They are often over-protected by parents (e.g. withdraw them from sex education lessons in school, make decisions for them rather than supporting them to give informed consent) and then, when encouraged to become independent, they are easy prey for anyone who offers them similar protection. The death of a parent or carer, or the sudden acquisition of a large amount of money or housing, can be followed by a period of similar vulnerability.

    "One man, in his early 20s with autism. He was living with his mother and when she died the tenancy passed to him. His neighbours found out, cuckooed him, and started selling drugs from his house. When the police got involved, he was evicted and became homeless. He threatened suicide and was found accommodation out of county. He didn't like it so moved back to Bucks, living on the streets until we got him into a B&B. He's lonely and isolated, so he's still mixing with the neighbours who used his home to sell drugs, he still thinks they're his friends. It's never been sorted but he's not working with us anymore" (Housing provider)

    "One of our homeless guys in his 60s, he's an alcoholic and has a learning disability. Because of his age he's entitled to a pension, and he was suddenly paid a massive amount in pension credit. The others got wind of this, took his card, and nicked his money" (Housing provider)

- Finally **it is believed that there is a higher incidence of forced marriage among those with learning disabilities because parents are often worried about their child's future and want to make sure they have someone to look after them in the family home,**

[36] https://www.insidehousing.co.uk/insight/insight/inside-the-only-refuge-specifically-for-women-with-learning-disabilities-58402

following their death. They may also want an outlet for their child's sexuality. Generally, it is the male that has a learning disability and the marriage is with a female who doesn't have a learning disability.

People with learning disabilities and/or autism are more likely to be victims of DVA because of their reliance on others to help them with everyday tasks, their weaker understanding of relationships, and their lower self-confidence.

4.5 Nature of DVA experienced

The Public Health England 2015[37] report states that disabled people (NB no breakdown for learning disabilities) are significantly more likely to:

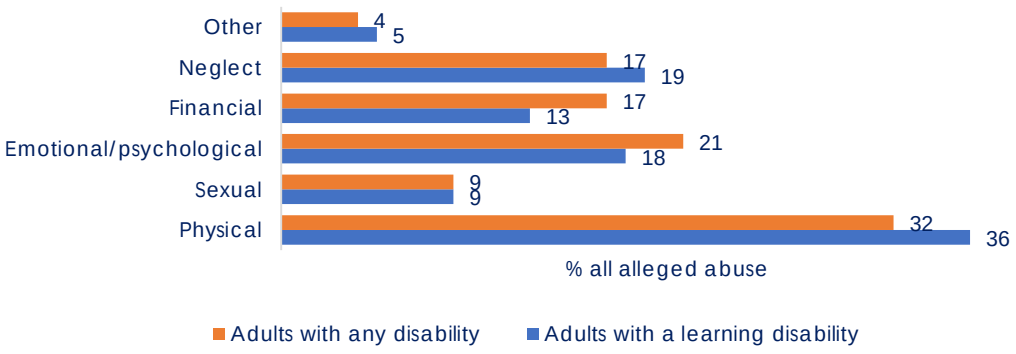
- Be threatened with physical violence
- Be physically abused
- Be sexually assaulted by intimate partners or strangers
- Experience physical, sexual, emotional and financial domestic abuse than people without disabilities

In the same Public Health England report, it states:

> **'People with disabilities are more vulnerable to domestic violence and are more likely to experience domestic abuse for a longer period of time. They also experience more severe and frequent abuse than non-disabled people. This may include more severe coercion, control or abuse from carers'**

NHS data shows for 2012-13[38] (adults aged 18-64 only) shows that those with learning disabilities were most likely to suffer from physical abuse, followed by neglect and emotional/psychological abuse (Note: coercive control was not recognised as a type of abuse in 2012-13). This is shown in Chart 3.

Chart 3: Nature of abuse suffered (Source: NHS Abuse of Vulnerable Adults in England - 2012-13)



[37] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf

[38] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2012-13-final

However Dr Michelle McCarthy in her Spotlight podcast (Source: SafeLives[39]) said that 'victims with learning disabilities are subjected to the same forms and levels of abuse as non-disabled victims, but with an intensification of coercive control, which plays on the victims' impairments'.

Controlling access to children is just one method of controlling their partners that perpetrators adopt:

> *"He wouldn't even let me see my children .... once I'd lost my kids (in care), he said 'get rid of your photos, they're not coming back" (Disabled women and domestic violence, Dr Ravi Thiara[40])*

One of the DVA service providers agreed that physical abuse was the most common, but emotional and verbal was also very common:

> *"Marks go, the knocks in self-esteem never go" (DVA service provider)*

And the knocks in self-esteem make people with a learning disability more vulnerable to repeat abuse (as already stated the 2012-13 NHS data[41] provides evidence that those with learning disabilities are more likely to be referred for repeat abuse – see page 17).

The NHS 2012-13 data indicates that cases involving people with learning disabilities are **more likely to be substantiated** than cases involving people with other disabilities (35% vs 29%), suggesting that when they are reported and pass through to case conclusion they are more likely to be valid cases:

- 19% of disability referrals involved someone with a learning disability
- But 47% of disability case conclusions involved someone with a learning disability

People with learning disabilities and/or autism suffer the same range of abuse as others. However, they are thought more likely to suffer from coercive control and more likely to suffer repeated abuse over a longer period of time (as they are less likely to report at an earlier stage).

4.6 Prevention

A presentation given by Dr Susie Balderston of Vision Sense (during a 2018 University of Lancaster Centre for Disability Research conference)[42] argued that more self-advocacy, peer advocacy and independent advocacy were needed to prevent the abuse suffered by people with learning disabilities and/or autism. (Note: Conference title was 'Tackling Violence Against Disabled Women and Girls').

None of our interviewees would have disagreed with this, and **the need for self-advocacy was often mentioned**.

[39] https://safelives.org.uk/sites/default/files/resources/Learning%20disability_Podcast%20transcript.pdf
[40] https://safelives.org.uk/sites/default/files/resources/Disabled%20Women%20and%20DV%20-%20FINAL%20-%20SafeLives%202016%20-%20Ravi%20Thiara.pdf
[41] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2012-13-final

[42] http://wp.lancs.ac.uk/cedr/research/tackling-violence-against-disabled-women-and-girls/tackling-violence-against-disabled-women-and-girls-conference-report/

Many of the learning disability providers aim to boost their members' self-advocacy skills. The nursery school at the Aylesbury Healthy Living Centre helps build the self-confidence of 'victims' (and hence their ability to self-advocate), by offering free English classes to those at risk that they've identified (many from the Asian community). This helps them to be less socially isolated and more able to speak up. However, access to classes can be controlled by perpetrators. (Note: This is not a nursery school specifically for children with a learning disability or for children of parents with a learning disability – but a relatively high proportion of their parents are estimated to have a learning disability)

There was general agreement among all we talked to that **education also has a very strong role to play**. Most young people with learning disabilities do not understand what exploitation or abuse is and they need to know.

Most of those in learning disability services and special schools were very happy to talk about the education they provide to help those they support enjoy healthy, happy relationships – and all claim to do at least some.

Some have developed their own materials e.g. the schools. Others use external providers e.g. one learning disability provider had paid Mama Bee[43] to come in and talk to some of their members (those with milder learning disabilities living in independent living), another had encouraged members to attend free Staying Safe courses at Tesco in Slough, while another simply holds regular group discussions about what is and what isn't acceptable behaviour together with who to talk to if they need help (this latter learning disability provider also claimed to hold regular 'one to one' chats about how things are at home).

All the education providers we talked to said they were very happy with their PSHE lessons on relationships. One has sent us their materials (supplied separately to this report), another said they make extensive use of role play to illustrate what is right and what is wrong. One told us you need to use very specific examples to aid understanding e.g. your partner should not tell you what to wear.

Both the education providers and the learning disability providers were, however, **less confident about talking to members about abuse** (particularly sexual abuse):

> *"It's a heavy subject for us to do" (Learning disability provider)*

> *"We've maybe never pushed it as we were worried what can of worms it will open" (Learning disability provider)*

Given this lack of confidence, **the focus is generally on Mr Right rather than on Mr Wrong** i.e. the entry point for any discussion is always relationships and the focus is always on how to have positive relationships. If they go as far as talking about Mr Wrong, they tend on focus on friends and boyfriends/girlfriends rather than partners, siblings or partners (within the domestic setting), although most would claim that domestic (or non-domestic partner) abuse is something that's listened out for and reacted to:

> *"We listen in to conversations and pick up on language and behaviour that suggests potential abuse … and then correct" (Education provider)*

When ARC (Association for Real Change)[44] wanted to take their Us Too Project DVA training out to front line services and providers they initially marketed it as 'domestic abuse' training,

[43] https://www.mamabee.org.uk/?fbclid=IwAR2PTx6Jfk5pdv0Ddn8rQLXgOsmq0ZdI9LofEfey9sMusBSXJLqbWm9IBYc

[44] https://arcuk.org.uk/

only to find that this yielded a very poor response. They subsequently marketed it as 'safe relationships' training and *"it flew off the shelves***".** *(See Appendix, Useful Resources item 20).* **Their conclusion was that those in relevant services are happy to align themselves with encouraging positive relationships but are scared of delving too far into an issue which might reveal the often quoted phrase *"a can of worms".***

Similarly Respond (an organisation that only works with people with learning disabilities) changed the title of their Forced Marriage education programme from 'My life, my marriage' to 'My life, my relationship'. Focussing on marriage was a sensitive issue in the community they were trying to target (few would admit forced marriages take place), and the communities want the marriages to work (not be undermined).

Some of the **better training seems to be those run by (or involve) people with learning disabilities and/or autism who have personally suffered from DVA**.

For example, the Us Too project referred to above runs peer led training sessions in Cornwall (mentored by ARC), with the objective of educating people with learning disabilities and/or autism on how to keep themselves safe. They also find they need to use very specific examples to explain what is acceptable, and what is not, with the following being just 2 of those they use:

- Is it OK your boyfriend loves you so much he tells you what to do the whole time?
- Is it OK your boyfriend hurts you, says sorry and then buys you chocolate?

They have already run sessions with learning disability groups and services, police and others, and have collected the following figures for the **effectiveness of their training sessions**:

Table 4: Outcome from Us Too training (Source: ARC)

	Before %	**After** %
Heard of domestic abuse	49	74
Know what domestic abuse is	34	75
Know who to contact	0	100

Us Too told us that their discussions invariably result in disclosures, so they always ask someone from a DVA service to attend.

ARC is in the midst of writing a comprehensive report on the project which they hope will be available early 2021 latest. They are also:

- Writing guides, based on their experience, which can be used by both DVA and learning disability services.
- Investigating how to put their peer education workshops online safely.

Many, however, felt that while such training or teaching sessions were very valuable (including the relationships teaching provided by schools), they are **only effective in the long term if the information is regularly repeated** i.e. 'one off' training sessions are necessary but not sufficient. To be truly effective, any safe relationships education for people with learning disabilities needs to be repeated again, and again, and again.

Several of those we talked to argued that it's particularly important that people with learning disabilities and/or autism receive this repeated teaching **at times in their lives when they are**

moving from living with support to living independently (e.g. when they leave the parental home or after the death of a parent):

> "***Most are not prepared for living outside that safe environment***" *(Learning disability provider)*

The period after they leave specialist education provision may also be a time when they are at heightened risk of exploitation and coercion, as they then have less people providing them with ongoing support.

Most felt that teaching needs to be provided in person, using visual explanations and, where relevant, art, role play etc. Handing out leaflets can be useful but, in isolation, is not enough:

> *"It's working at their level …. **all this Easy Read stuff, not sure how effective or how successful it is,** it'll work for some but not all …. there's an expectation they can read" (DVA provider)*

In its paper entitled '10 key points for supporting clients with learning disabilities'[45], SafeLives points out that people with learning disabilities can struggle to process abstract concepts. It argues that people need to be given simple relationship rules to help them recognise abuse. It recommends 2 films to help with this. One has been produced by Bristol City Council together with a drama group called Misfits, and another by the Tizard Centre (links are given in the appendix – see Useful Resources items 10 and 15). It also suggests that **any healthy relationships training sessions could be jointly facilitated with local DVA services** - this would help familiarise people with the people working at Women's Aid (for example) making contacting them at any point less daunting.

Talkback has already started working with Women's Aid to develop a healthy relationships course for Talkback members, which (when ready) could be 'rolled out' to other learning disability providers.

Various organisations have produced Easy Read materials that can be used in conjunction with face to face conversations with clients or members e.g. 'Books Beyond Words' (available as an app as well as in printed form), CHANGE booklets. Links to these (see items 21 and 22) and other materials are provided in the Useful Resources section of the Appendix. Other materials used by DVA organisations e.g. the Mr Right and Mr Wrong cards could easily be converted to Easy Read.

Many of our 'interviewees' felt that **a Toolkit that pulled together everything that's available (courses, Easy Read leaflets, information, videos, DV services and accessible groups) would be really useful**, and all should be made aware of its existence and how to access it.

Any such toolkit would need not only to talk to potential victims about bad relationships (physical, sexual and emotional), but also to talk to them about money management as financial abuse within households can also happen.

Education of potential victims is one aspect of protection. Another is training of those working in front line services. **Ideally, <u>all</u> working in front line services would have a good understanding of both DVA <u>and</u> learning disabilities.**

The housing providers appear to offer more in term of having both learning disability and DVA champions, although not every member of staff is trained in either (we suspect most are not) – and few staff are trained in Makaton or other specialist learning disability

[45] https://safelives.org.uk/practice_blog/10-key-practice-points-supporting-clients-learning-disabilities

communication tools. None run sessions with members re DVA, but all claim to be alert for signs of abuse (e.g. change of mood, weight loss).

With all services it is often the case that just one person attends the DVA training, for example, and is then expected to share their learnings with the rest of the staff (and that may or may not happen).

The learning disability providers will often rely on Safeguarding training to provide DVA awareness, rather than commission separate training that focusses on DVA only.

One learning disability provider argued that parents also need training re what is and what isn't abuse – and hence how they might need to modify their behaviour. Many parents, for example, are unaware of coercive control, and some are excessively controlling of their children with learning disabilities and/or autism (often with the best intentions – they are simply trying to protect them). Such excessive control can become particularly concerning when the 'child' reaches the age of 18+:

> *"They're preventing their children from reaching their full potential" (Learning disability provider)*

Sex education is a key tool for preventing abuse. People with learning disabilities and/or autism have the same sexual instincts as any other human being, but some of the education providers we talked told us that parents often withdraw them from sex education classes in the mistaken belief that this will prevent them entering a sexual relationship. Instead it can lead to a lack of understanding of what a healthy sexual relationship is, sometimes leading to false allegations of abuse and sometimes to genuine abuse. In particular, **all need to understand they can say 'no' and know how to say 'no'** (even those who are non-verbal).

The Terence Higgins Trust has been to some schools teaching children about sexual health and exploitation, but it's not been to all specialist schools. Bucks colleges told us their training was excellent, particularly when talking about the difference between pornography and a long term, happy sexual relationship, but the course did not cater for people with learning disabilities and/or autism.

Key tools for preventing DVA are self-advocacy and education. People with learning disabilities and/or autism need to be educated on how to have safe relationships, and how to avoid unsafe – and that education needs to be repeated regularly, particularly at times when they are likely to be most vulnerable. Suitable resources exist, but others will need to be adapted to suit the needs of those with learning disabilities.

People working in front-line services also need training. Ideally all would have an understanding of DVA and both learning disabilities and autism.

4.7 Support

Most (but not all) cases are reported to the police at some stage, even if the initial report is not to the police e.g. if the initial report is made to a learning disability service, they will report the case to safeguarding, and safeguarding will then insist the case is also reported to the police.

During our interviews we were told that:

- The quality of response from the police varies a great deal according to who is asked to handle the case. Some are very good at handling cases involving people with learning disabilities and/or autism, but many are not – and the more able are not always available:

  > *"Once I went to the police station to support a service user who was extremely deaf. I told the police officer he would need to speak to him directly so he could lip read. Instead he asked questions as he looked down at his notes .... as a result, he couldn't get anything out of this chap" (Jeanette Hutchinson or Trevor Smith, Social services)*

- The police may **struggle to classify any cases that are reported to them, as they often don't have the time or the experience to meet the needs of someone with a learning disability**. Also, the standard DASH risk assessment is too complex for someone with a learning disability to respond to without significant explanation and patience. As a result, the police will often classify a case as standard risk rather than medium/high, meaning no further action is taken. This may be one of the reasons why people with learning disabilities are more likely to suffer repeat abuse (see page 17).

- Even when cases are reported to the police, few go to court as people with learning disabilities are **not perceived as reliable witnesses:**

  > *"The police and the courts would need to allow more time for questioning, and questions would need to be asked using simpler language. If they don't, the victim will often go to pieces" (Jeanette Hutchinson or Trevor Smith, Social services)*

- Alternatively, after the initial report, it may be difficult for the police to progress as the victim may become frightened of the consequences of her/his actions and withdraws the accusation, and/or others in the family deny it.

One of the learning disability providers told us that the Police used to go into Day Services as part of their training to better understand people's lives, and how to communicate with people with learning disabilities. Such **community placements have, however, now stopped following budget cuts**. Note:

- TVP (Thames Valley Police) officers **receive no specialist learning disability training**, but they do have general training on how to talk to different people from different walks of life, with a particular focus on the more vulnerable.
- Those based in Aylesbury have, in the past, had some very successful autism training from Autism Oxford, funded by either Buckinghamshire Council or Aylesbury Vale District Council (our contact was unsure which). This has been continued in Oxfordshire but not in Buckinghamshire. This training might explain why we had more positive feedback about the police in Aylesbury than in other parts of the county.

"It was brilliant …. (he related the story of an officer dealing with an autistic man having a melt down) before he'd have gone in and had a fight, but after the training he sang songs with him until he calmed down"(Andrew Hillis, Thames Valley Police)

- TVP is currently running coercive control training with the support of MK ACT and Reducing the Risk.
- TVP has no budget for any further specialist training at the moment. If funded by others it might be possible to incorporate some into the training schedule for neighbourhood officers, but not for frontline officers due to the pressure of other training needs (we were told).

Table 5 compares outcomes of abuse cases (NB not only domestic) by disability.

Table 5: Outcome of completed referral for adults aged 18-64 (Source: NHS Abuse of vulnerable adults 2012-13)[46]

	Physical disability %	Learning disability %
Increased monitoring	23	33
Vulnerable adult removed from property	3	2
Community care assessment and services	12	9
Application to change appointee-ship	1	1
Referral to advocacy scheme	2	2
Referral to counselling/training	2	3
Move to increased/different care	5	3
Management of access to finances	3	2
Restriction of access to alleged perpetrator	5	6
Referral to MARAC	1	0
Other	15	14
No further action	29	23

This data shows that in 2012-13 one third of cases simply resulted in increased monitoring (and that this was more likely for someone with a learning disability than for someone with a physical disability). **In only 2% of cases was the vulnerable adult removed from the premises and in only 6% was the access to the alleged perpetrator restricted**.

One of the frustrations expressed by those we talked to was **the inability to remove adults (whether they be victims or perpetrators) from the property**. A victim who has the capacity

[46] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2012-13-final

to make choices cannot be removed against his or her will, and many do not want to leave their homes (particularly if it means leaving children behind).

> *"We can't (legally) remove people from abusive situations, especially if they have capacity to make choices .... all we can do is put in place extra care, alternative accommodation if wanted but many don't, financial help, or friends and family support to help that person be safeguarded" (Esther Forster, Safeguarding)*

Esther subsequently clarified this to say that they can in theory be removed with a court order, but even then they cannot force people to go (by physical force, unless it is endorsed in the court order, which rarely happens).

Another frustration is that even when alternative accommodation is found, the victim **may still choose to return** (at a later date) to her/his abusive spouse or partner. Their need for a relationship (and their loneliness in the absence of one) can override the consequences of being in the wrong type of relationship.

> *'People go on with abuse just to have a relationship' (Jeanette Hutchinson or Trevor Smith, Social services)*

Similarly with financial abuse, services can arrange for an individual's money to be managed for them (to prevent others taking it), but not all want that to happen – they choose instead to stay in the financially abusive relationship (for fear of losing it):

> *"Some say it's their money and they can do what they like with it" (Jeanette Hutchinson or Trevor Smith, Social services)*

If a woman leaves her home without her children, it is not uncommon for the 'perpetrator to isolate her from her children, preventing contacts visits or telephone calls. This can be interpreted by social services as **a lack of interest in children, with the result that she loses custody** (Source: SafeLives – Dr Ravi Thiara)[47].

For a short time, Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership had a project running called the Space Project which worked with women who had had their children permanently removed from their care. The aim of the project was to explore the reasons for the removal and help to break the cycle of them having another child to ease the grief which would also be taken into care. They found that around a third of the women referred to the project had learning disabilities or learning difficulties, and children's social care had reported them to be 'uncooperative' with services. The project established that rather than them being uncooperative, they just couldn't understand what was happening.

Where children's social care become involved in a case, Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership told us they will usually send letters to the mother instructing her to seek support to protect her children from the DVA or to arrange meetings. If the victim **hasn't disclosed their literacy or communication needs (which many don't due to embarrassment), it's assumed they are choosing not to co-operate.**

A presentation by Vision Sense[48] (now the Centre for Disability Research at the University of Lancaster) stated that women with learning difficulties are **3 times more likely to have their**

[47] https://safelives.org.uk/sites/default/files/resources/Disabled%20Women%20and%20DV%20-%20FINAL%20-%20SafeLives%202016%20-%20Ravi%20Thiara.pdf

[48] https://thamesvalley.s3.amazonaws.com/Documents/Victims/Conferences/Learning%20Disabilities/Violence%20Against%20Women%20and%20Girls%20with%20Learning%20Disabilities%20-%20presentation.pdf

children removed than non-disabled mothers in England and Wales – as for one reason or another they are not regarded as capable of caring for them. The following story, told to us by social services, provides one example of where this has happened:

> *"We did have one case with a couple and the woman had a mild learning disability. She was encouraged by the children's' social worker to move to temporary accommodation. For some reason dad was given access to her and the children without supervision. He talked her round to dropping charges and persuaded her to say she'd made it all up. As a result, he was given custody of the kids … but eventually they were taken from him as well and put into fostering" (Jeanette Hutchinson or Trevor Smith, Social services)*

Most DVA services lack the experience and resources to support someone with a learning disability, unless they have staff who have gained learning disability experience through previous roles or staff that have children with learning disabilities.

> *"We have nothing specialist for people with learning disabilities – but neither does Women's Aid … all we can say is we can support different groups" (DVA service provider)*

There are just a few exceptions to this e.g. one 'out of Buckinghamshire' service claims to have trained most of its staff via a SafeLives webinar, and to have relevant Easy Read resources.

A Women's Aid survey showed that just 21.4% of refuge services in England offer support for women with learning disabilities. One **exception is Beverley Lewis House in London**, which is the only refuge offering specialist support. It differs from other refuges in that it has:

> *"A 24 hour staffed service with a specialist staff team working in a trauma informed way. They support residents to develop person centred support plans and differentiate material into accessible formats dependant on need. We have a Positive Behaviour Support (PBS) consultant on site 3 or more days a week developing PBS plans to support people with challenging behaviour they may have developed due to their abuse or just because they have communication difficulties. We have a life skills coach that works with the women to develop basic life skills as well as develop goal setting to support the achievement of personal goals. We have an art therapist and a Drama therapist that run group sessions with the residents once a week. The staff team also have specialist clinical supervision with Respond (a charity that provides specialist supervision and therapy for people with learning disabilities that have suffered trauma and those who work with them)" (Beverley Lewis House)*

It is currently housing people from Oxfordshire, Bedfordshire, Tower Hamlets, Newham and Southwark, but not from Buckinghamshire (it can take a maximum of 6 residents although it also has an outreach service). The manager at Beverly Lewis House is not aware of it ever having taken anyone from Buckinghamshire.

In Buckinghamshire **awareness of Beverley Lewis House was limited** to those in the Learning Disability team and Women's Aid.

In addition to a lack of awareness, it believes one of the obstacles to using its' service is a lack of funding:

> ***"I believe the main issue is funding. Due to the specialist care and support, varying needs of our residents and 24 hour support provision, we are set up like a supported living service. This mean we can't offer free placements. Our main funders for placements tend to be adult social care and health. The challenge is that even though we will take in women with learning disability, autism, and complex mental***

health needs, authorities aren't always willing to fund as they have limited resources themselves, especially if they can find a cheaper alternative. Often this means a standard refuge where their needs won't be understood or met, sometimes leading to a breakdown in mental health or eviction due to challenging behaviour. Alternatively, these women tend to end up in psychiatric units. We had a referral the other day for a lady with a learning disability and schizophrenia who had been living with an abusive partner. They wanted to place with us and then saw the funding agreement and referred into health instead." (Beverley Lewis House)

However, Beverley Lewis House believes there is a need for similar DVA services specialising in the needs of those with learning disabilities elsewhere:

> *"I think that currently there are various issues with the systems in place that support people with learning disability and complex needs. I think there is a lack of knowledge about how to manage/intervene when abuse is suspected as the perpetrators are often family members. I believe this is compounded by the lack of alternatives to people staying in their homes with the abusers, so only extremely bad cases are taken seriously. I think it is often a challenge to gain the perspective or voice of the victim dependant of the severity of their disability, and often they are not seen as credible witnesses especially in cases of sexual abuse." (Beverley Lewis House)*

Women's Aid was praised by some in social services, and **there was praise for the Freedom programme for people with mild learning disabilities** (and for those supporting them):

> *"Very supportive … for giving advice and guidance and handling, not for identifying. They also run the Freedom programme … we sent someone with a mild disability learning disability on it … there's a common belief that those suffering coercive control shouldn't take up a place but when they do it really opens their eyes" (Jeanette Hutchinson or Trevor Smith, Social services)*

One identified strength of the Freedom programme course is that it enables victims to meet others with similar experiences, providing them with a longer-term support network. However, it was felt to be unsuitable for someone with more severe disabilities.

Criticism was expressed by some in social services at Women's Aid's **unwillingness to make home visits** (they were also critical of other local DVA services for the same reason):

> *"With learning disabilities, you need to offer more than just a phone service" (Jeanette Hutchinson or Trevor Smith, Social services)*

It was felt that such home visits were particularly important for people with learning disabilities who may struggle with public transport, and/or with making 'phone calls.

A further issue raised by social services was the **lack of an accessible 'drop in' DVA service in the centre of town** (that a person with a learning disability might be willing to visit if out shopping – probably only relevant to those with a mild disability who are able to go into town on their own).

> *"(Women's Aid is) at the top of a flight of stairs" (Esther Forster, Safeguarding)*

Such a visible venue would not only provide a place to report abuse, but also a way of raising awareness of a local DVA service (for those less able to Google search when help and support was needed). Oasis in Margate, Kent provides such a 'drop in' but we have been unable to contact them to discuss the effectiveness of their model (despite repeated emails).

It was agreed that **GP surgeries might also be able to offer a mutual, easy to access and confidential space** for DVA support workers to meet victims.

However, these concerns may betray a lack of understanding of how Women's Aid works in Buckinghamshire. Aylesbury Women's Aid has told us:

- It does understand the limitations of its office space so always checks with people whether they can manage stairs. If they can't, it says their staff are happy to meet them where they feel comfortable and will use doctor's surgeries, family centres etc.
- They can't go to homes as it might risk the safety of the victim, especially if they are still living with the perpetrator. If they are seen entering a property, it could lead to difficult questions for the victim. They know many people are under surveillance by family/neighbours (or even by cameras in or on the home).

Finally, there was concern among some in social services that the **DVA services do not take professional referrals (they believed) and lack the expertise and resources for those 'with very high needs':**

> *"They've not kept up with the client group" (Jeanette Hutchinson or Trevor Smith, Social services)*

However, Beverley Lewis House is:

> "C*urrently in the process of developing a training package that could be delivered to staff in regular refuge settings to upskill even one or two members of their teams in an attempt that they may be able then support people with a mild to moderate disability" (Beverley Lewis House)*

…. and this may be an option for local refuges.

Similarly, none of the local learning disability services or housing providers offer specialist support for women (or men) who have been victims of any kind of abuse – and most staff lack the necessary training.

Outside Buckinghamshire, one of the exceptions is Respond, a London and Midlands based charity, that supports people with learning disabilities that have suffered trauma (see https://respond.org.uk/our-model/).

When alerted to a case, the first step for most learning disability services would be to report it to Safeguarding, although one school said that if they just wanted advice they would call SafeLives or Choice Support (Note: Women's Aid would only be called if a refuge space was needed – in general it is not seen as a provider offering help to people with learning disabilities, particularly a male with learning disabilities).

> *'I can't say to an autistic male, call the Men's Advice Line' (Education provider)*

Concern was expressed by some providers that both Safeguarding and Women's Aid can be slow to respond:

> *"We should get a response within 24 hours, but it can be 2-3 days …. I need to know if it's safe for the individual to go home …. If I don't know, I have to call the* police" *(Learning disability provider)*

However, Aylesbury Women's Aid tells us that:

- With their IDVA service they are contracted to make contact within 48 hours (72 hours at weekends). However, the response is quicker via its work with the Domestic Abuse Unit.
- If someone is concerned that a client may be at risk the professional could pick up the phone and ask us for their advice. However they would need the confidence/

knowledge to do so, which again suggests there is **a need for the learning disability and DVA services to work more closely together**.

Some in social services (and in one of the DVA services that we talked to) **expressed a desire for more specialist services and a specialist learning disability IDVA:**

> *"We tend to have to put them into generic services and a lot of the time that doesn't work because of communication issues … it takes them a lot longer to understand why they should or shouldn't do things and why people haven't got the right to treat them like that" (Jeanette Hutchinson or Trevor Smith, Social services)*

Greater use of Beverley Lewis House would be one option.

One London DVA service told us that they had specialist IDVAs for Mental Health, Young Persons (under 25), Substance Misuse (for victims with drug and alcohol dependency issues), Social Care (victims with children open to Social Services), Health (at one of the London hospitals), Housing, and Family Support, but not learning disabilities. They also worked in partnership with specialist organisations to offer specialist LGBT, and non-English speaking, services – but again no learning disabilities.

However, others in DVA services felt it would be better if all IDVAs had training as they didn't think there would be enough demand for a specialist to look after only learning disability cases:

> *"It's really important to get that awareness*" (DVA provider)

Those who make the initial reports would like to stay involved. There was a concern that some in Safeguarding who take over the case don't fully understand the whole situation or back story. At times, cases have been handled by inexperienced social workers who aren't trained to work with families and clients with learning disabilities (we were told).

The **Learning Disability team within social services was often praised**. We were told:

- When they are involved the quality of support is good (although they can be busy, and that can cause delays)
- The community learning disability team is good at taking on referrals and is able to source both grievance counselling and psychiatric support.
- But not every person with a learning disability meets their threshold of care.

However, **when a person has a learning disability that does not meet the threshold for LA Support, seeking support can be really difficult** as they fall between most services.

When a disclosure is late being revealed, nothing can be done (we were told). While this may be understandable, one of the housing providers told us this can leave the person feeling like they haven't been heard or listened to. It may have been very traumatic for them to finally reveal it, and then to not be heard amplifies the trauma. The person can end up thinking **why bother in the future**.

People with learning disabilities are often reliant on family and local community structures. One housing provider told us this can cause problems in DVA cases:

- Some find the inability to disclose details of refuges to anyone including family, or not being allowed to return to where they were from originally, after staying at a refuge elsewhere, to be very distressing.
- If rehoused in a new area (particularly if rehoused in independent housing) they are vulnerable to cuckooing and exploitation – they need friends to avoid loneliness. This was something she had seen happen on a number of occasions.

The same housing provider said she had found the Domestic Responder Training (set up by Central Bedfordshire council)[49] very useful as it brought everyone together, ensured all services linked up and shared good practice.

In Talkback's 2017 consultation report we wrote that survivors of abuse felt that time spent one on one with staff, or even better a counsellor or a befriender, was important when helping them process their emotions and helping them live with the trauma.

> *"It's about having one special person to talk to" (Talkback consultation participant)*

> *"It's hard to tell staff because they're too busy. I'd like it if a counsellor or similar came once a month for one to ones, or staff who don't have to run activities or look after people" (Talkback consultation participant)*

There was a general consensus among our 'interviewees' that **people with learning disabilities and/or autism need more time**. This is partly due to their communication difficulties and partly due to the need to develop a trusting relationship before a full reveal is made. As a result, the DVA services need to offer them more counselling sessions than normal if they are to receive effective support.

SAFE has developed a range of tools for victims of abuse to use to help them deal with the trauma of the abuse they've either witnessed or experienced. However, during our conversation with SAFE we learnt that people with learning disabilities and/or autism struggle to remember to use these tools, so they have to constantly reinforce their use. Also people with learning disabilities and/or autism tend to want to talk about what's just happened rather than the abuse that's happened previously, and it takes longer to build up the necessary rapport to move past the 'here and now' to the past. This is just one example of the need for more time.

Many of those Talkback talked to back in 2017 told us they **would have liked to have more support but did not know to access it**. One school said they (as teachers) would also like someone to talk to who could signpost them to relevant services, similar to what they have with child protection issues. Safeguarding told us they would provide such advice to all, even those who don't meet their criteria, but it seems schools are not aware of this.

Some victims have to contact a variety of agencies before their case is taken seriously. DVA training should reduce the number they need to contact. Few had any thoughts about how the pathway could be further simplified (there will almost always be a need for other services to be involved, depending on the circumstances). The main suggestion was for the provider who was initially alerted to the case to approach Safeguarding or Women's Aid more immediately for advice as to the best possible course of action.

Supporting someone with a learning disability requires more time and patience. The quality of support received is variable, and many do not have the time or the experience to meet the needs of someone with a learning disability.

There may be a need for more specialist DVA services. There is certainly a need for more specialist skills within existing services and/or greater cooperation between learning disability and DVA services.

[49] https://bedsdv.org.uk/training/

5. Perpetrators of DVA with learning disabilities and/or autism

5.1 How many perpetrators of DVA have a learning disability and/or autism?

There is no available data in Buckinghamshire on the number of perpetrators with disabilities, let alone perpetrators with learning disabilities and/or autism.

There is however some national data, although much of it 'old' and the sources are very fragmented.

Professor Erica Bowen of Worcester University presented the following national data at the 2017 Thames Valley Domestic Violence Conference[50]:

- Some individuals with IDs (intellectual disabilities) display more aggressive and bullying behaviour as a consequence of social learning, a reaction to prolonged victimisation, or due to a general lack of social skills (2009 study).
- Prevalence rates of aggression among adults with IDs (intellectual disabilities) varies between 11% and 27% (2002 study).
- Offenders with a history of IPV (intimate partner violence) were more likely to have a diagnosis of learning disability than those without a history of IPV (18.4% vs. 15.2% respectively) (2014 Canadian study).
- 36.7% of men and 33.7% of women arrested for IPV (intimate partner violence) were 'borderline to mentally deficient' i.e. had an IQ of 85 or lower based on estimated IQ scores (2003 study). NB There is no breakdown on how many had an IQ of 70 or less and would therefore be classified as having a learning disability.

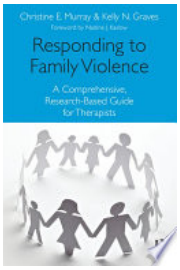
Circles South-East presented a paper at the same 2017 conference[51]. Their analysis of their offender referrals showed that **19% had a formal diagnosis of a learning disability or autism** (and half of these were autistic). A further 4% had no formal diagnosis, but evidence was present to suggest the presence of either **a learning disability** or autism (so 23% in total). It further showed that offenders with learning disabilities and/or autism were:

- On average 10 years **younger** than offenders without.
- **More likely to have previous convictions** i.e. be repeat offenders (60% of their learning disability and/or autism sex offenders had a previous conviction versus 40% of their other offenders).
- **Less likely to be sentenced to custody** (30% of their learning disability and/or autism sex offenders were sentenced to custody versus 80% of their other offenders). The reason custody is rarely used for those with a learning disability is that the learning disability is regarded as a mitigating factor. Instead they are sentenced under mental health legislation and sent to St Andrews Healthcare and other private hospitals (apparently at great cost).

[50] https://thamesvalley.s3.amazonaws.com/Documents/Victims/Conferences/Learning%20Disabilities/Gaps%20in%20Knowledge%20and%20Practice%20in%20Working%20with%20Perpetrators%20of%20Domestic%20....pdf

[51] https://thamesvalley.s3.amazonaws.com/Documents/Victims/Conferences/Learning%20Disabilities/Working%20with%20Sexual%20Offenders%20with%20Learning%20Disabilities%20-%20Carrie%20Webb.pdf

In the book 'Responding to Family Violence', by Murray and Graves (see right), it says the most common characteristics of sexual abuse perpetrators with intellectual disabilities include:



- Being male
- Having a relatively mild disability
- Perpetrating against a known victim (i.e. not a stranger)
- Coming from a chaotic family
- Demonstrating other problematic behaviours
- And having a history of mental health disorder

It also says sexual offences perpetrated by these victims often involve victims with intellectual (or learning) disabilities and, especially in these cases, the offences are often not prosecuted. It agrees with Circles South-East that reoffending is common.

Despite this lower likelihood to have received a conviction, 2012 Prison Reform Trust data[52] indicates that between 5-10 per cent of the adult offending population have learning disabilities (7 per cent of adult prisoners have an IQ below 70, and a further 25 per cent have an IQ between 70-79 i.e. are on the borderline to being defined as having a learning disability). However, there is no breakdown on how many of these are DVA cases.

There is no data on the prevalence of autistic people within the prison population, but it is thought to be more than double that in the general population (so more than 4%)[53]. This suggests **the total prevalence of adults with a learning disability and/or autism in prisons (for any crime, not just DVA) could be more than 11%** (7% with a learning disability plus more than 4% with autism, although this doesn't take account of the overlap between the two). It could be argued that if conviction rates for adults with a learning disability and/or autism was as high as for adults without, the percentage of those in prison with a learning disability and/or autism would be even higher.

While there is no breakdown of how many of the prisoners were DVA offenders, data from the Forensic Community Learning Disabilities Team at Southern Health[54] suggests the proportion would be significant:

- 14% of the total referrals made to the Forensic Community Learning Disability Team in 2014 referenced DVA perpetration and the figure rose to 26% in 2015

Dr Katy-Louise Payne (then at the University of Bath) points out[55] that **most autistic adults are law abiding**. However, autistic adults are more likely to be involved in crimes against the person (NB not always domestic) and less likely to be involved in property, driving and drugs offences. She reported that the main reasons autistic adults offend are (in order of importance):

- Obsessions and special interests
- Social naivety
- Revenge
- Social misunderstandings

[52] http://www.prisonreformtrust.org.uk/PressPolicy/Comment/Articles/ItemId/131/vw/1

[53] https://www.mentalhealthtoday.co.uk/supporting-prisoners-who-have-autism

[54] https://onlinelibrary.wiley.com/doi/abs/10.1111/bld.12214

[55] https://network.autism.org.uk/sites/default/files/ckfinder/files/Self-Reported%20Motivations%20-%20pathways%20into%20offending%20-%20Katy-Louise%20Payne.pdf

Her analysis of sexual offences suggests that the main reported motivations were:

- Emotional immaturity and lack of social skills
- Lack of understanding of the seriousness of their behaviour, the impact on the victim, and the consequences for themselves
- The desire for sexual experience and the lack of appropriate relationships
- Lack of (mainly professional) support

An HMIC (Her Majesty's Inspectorate of Constabulary) report shows that the % of those on probation with learning disabilities and/or autism is higher than official police data would predict. It found that only 15 of the 36 people with a learning disability, identified by Probation Services, had previously been identified by police (58%)[56].

The same report[57] concluded that 'No clear definition or agreement exists across criminal justice and health organisations about what constitutes learning difficulties or disabilities. Although believed to be a sizeable minority, possibly as high as 30%, there is no way of knowing the number of people with such conditions within the criminal justice system'.

This adds further evidence to the view (already expressed in section 4) that the **police struggle to identify learning disabilities and/or autism (due to lack of time and expertise)**.

The following story illustrates the failure to report or record cases of DVA perpetrated by people with a learning disability and/or autism:

> *'Sarah was never told that other parents had had similar experiences and consequently she says she felt like the worst mum in the world … She has since been told that often **such cases aren't reported or recorded by professionals** … "Because they don't know what to do about it they don't write it down. I thought about how much I had spoken about it to professionals. I'd never hidden anything. **For someone to say it's not written down because they don't know what to do about it was frightening**."' (Source: Community Care[58])*

While there is no quantitative data for Buckinghamshire, there was plenty of qualitative to suggest it is a significant concern. Perpetrator abuse was the main concern for both some in social services and the mixed gender schools. Housing and autism services also discussed its prevalence.

> *"We had a problem with a couple, both had learning disabilities …. quite mild, they didn't need day care but they weren't in employment'. We had to see the woman to do a 'Moving and Handling Assessment' but when we went the man was threatening to staff as he didn't want them to separate, and he thought we were going to separate them. It turned out both were drinkers, especially on pay day, and he thought her falls were due to alcohol. **He didn't understand her needs**. There was definitely verbal abuse and probably physical as well. We organised for her to attend activities on pay day to stop the worst of the drinking" (Hertfordshire Partnership University NHS Foundation Trust)*

[56] https://network.autism.org.uk/sites/default/files/ckfinder/files/The%20role%20of%20a%20learning%20disability%20practitioner%20within%20Birmingham%20Liaison%20%26%20Diversion%20Team%20-%20Morna%20Browning%2C%20Margaret%20Large%2C%20Jessica%20Dickens.pdf

[57] https://www.justiceinspectorates.gov.uk/hmicfrs/news/news-feed/offenders-with-learning-disabilities/

[58] https://www.communitycare.co.uk/2016/10/20/child-parent-abuse-social-workers-dont-know/

Many reported cases of 'child' on parent abuse, usually verbal or physical but sometimes controlling (autistic people can feel the need to be in control of a situation). This was felt to be worse in single parent households (and we were told that many marriages/relationships breakdown following the pressure of having a child with additional needs).

> *"We have boys who won't let their mums sleep in a separate room … it's physical as well as coercive damage" (Education provider)*

APVA or Adolescent to Parent Violence is not unique to families with 'children' who are autistic and/or have a learning disability[59]:

- Research from the University of Brighton, puts potential prevalence at 1 in every 10 families experiencing some form of parent abuse.
- Others working in the area are more comfortable with a figure of 3% of all families with teenagers "experiencing severe abuse on an ongoing basis".

However, our 'interviewees' in Buckinghamshire felt it was a more significant issue for families where at least one 'child' was autistic and/or had a learning disability.

This greater perceived prevalence is supported by data given to us by Family Based Solutions, a charity based in Enfield (Greater London), that works with the whole family to end abuse and repair family relationships. They claim that between 20% and 25% of the children they work with are autistic, with the violence and other negative behaviour arising because the parents don't understand the needs of their autistic child / don't understand the way their autistic child sees life.

They also told us these **cases are often not reported** for one or more of the following reasons:

1. The behaviour is simply blamed on the perpetrator's autism i.e. it is seen as a behaviour problem rather than a DVA issue. Alternatively, it is blamed on 'normal' teenage defiance.
2. Parents are ashamed of their child's behaviour and can feel it's their fault, so rather than talking about it they accept the abusive environment.

   > *'Shame and fear can prevent parents seeking the help they need – as can lack of understanding from family, friends and agencies. "The kind of dismissiveness people in previous times applied to intimate partner violence is still applied to CPV," says Jacob (chief executive of domestic abuse charity SafeLives). "People end up minimising what is actually an incredibly serious issue in somebody's home."' (Source: Guardian newspaper)*

3. Parents don't want to report their child to the police. Jacob (chief executive of domestic abuse charity SafeLives) has also been quoted as saying:

   > *'What is clear, is that the problem is much wider than reported for very understandable reasons … Those who experience intimate partner violence only call the police at a rate of one in five. We can all see the reasons why you would be even less likely to call the police about your child – and not just the police – there is so much attached in terms of any stigma people feel, and in terms of worries about consequences for themselves and the child.' (Source: Guardian newspaper)*

4. Social services are reluctant to be involved if a child is not at risk and no services exist to protect the parent.

[59] https://www.theguardian.com/society/2018/dec/09/what-happens-when-your-child-becomes-violent-with-you

When a child is autistic and/or has a learning disability the behaviour was often blamed on their lack of understanding of what is right and what is wrong:

> *"Autistic children are a particular problem as they don't understand relationships in the first place … and if they've witnessed DVA at home they think that's normal" (Education provider)*
>
> *"They don't understand the consequences of their actions" (Education provider)*
>
> *"Similarly, in domestic settings they don't understand why incest is a problem" (DVA service provider)*

It was also blamed on:

- Lack of emotional maturity and empathy:

  > *"They can struggle to regulate their emotions" (Education provider)*
  >
  > *"She doesn't have the awareness. When she does things that are unkind it gives her quite a buzz … she doesn't have a concept of what it's like for the other person" (Learning disability provider)*

- Late diagnosis, and as a result late understanding (from the parent) that they need to parent this child differently:

  > *"Parents often don't understand that parenting for an autistic child needs to be different from parenting for a mainstream child" (Education provider)*

- Having themselves been abused. Various studies suggest that victims can later become perpetrators:
  - Family Based Solutions say they have seen a correlation with child exposure to domestic violence in about 75% of their cases.
  - An Anne Craft report on 'Young people with learning disabilities who show sexually inappropriate behaviour'[60] says that, **in a significant minority of cases, adolescents with learning disabilities who had themselves been abused then went on to sexually abuse other children** – and adolescents with learning disabilities are more likely to have been abused.

- Have witnessed DVA at home, and as a result have 'normalised' abusive behaviour (note the high incidence of those witnessing DVA as having a learning disability and/or autism – see SAFE data on page 16):

  > *"Their ideas on relationships are strongly influenced by what they see or experience at home … and for many, especially those on Child Disability Protection Plans, what they see at home is not good" (Education provider)*

- Frustration at their inability to communicate their wants and needs in other ways
- Anxiety, with the following case history being just one example:

  > *'In Sarah's case, both her children had Asperger's, and her son's violence was a response to his crippling anxiety about going into school …. "So every morning when I was trying to get him up to go to school he was kicking and punching me, because*

[60] https://www.anncrafttrust.org/research/young-people-with-learning-disabilities-who-show-sexually-inappropriate-behaviour/

he couldn't cope." She was later told by experts that he should never have been in mainstream education' (Source: Community Care[61])

One housing provider reported receiving requests for extra support from family carers when their son/daughter visits (to help them cope with their child's behaviour when they visit).

NB While much of the data shows a relationship between autism and violent behaviour, one US study (published in Psychology Today)[62] suggested that it is other psychiatric disorders, including ADHD and Conduct Disorder that are to blame, not autism - and that most autistic adults are not at all violent.

While there is a lack of quantitative data in Buckinghamshire, many of those we talked to felt that adolescents (with learning disabilities and/or autism) perpetrating violence against their parents was a problem they came across a lot, and that it is often not reported. There is significant national evidence to support this.

5.2 The nature of the DVA perpetrated by adults with learning disabilities and/or autism

As described in section 5.1. the main types of DVA perpetrated by adults with learning disabilities and/or autism are:

1. Violent or aggressive
2. Controlling
3. Sexual

Those in schools, social services and Autism Bucks (that we talked to)**, mostly felt that the main DVA problem they encounter is 'child' on parent domestic violence** (and sometimes sibling on sibling). Sometimes the 'child' is perfectly behaved at school, college or day services, but aggressive when home. On occasions that aggression can be quite extreme (we were told) e.g. can involve knives.

We were not able to interview any of the victims, but the following are extracts from articles that have appeared in the national media (in both cases the perpetrators were autistic):

'As Tom's violence and coercive behaviour became worse, I watched my other children fall apart, one began to behave self-destructively and the other withdrew further .... I could barely work because I was getting so little sleep, and because Tom's coercive behaviours took up so much time" (Source: Guardian newspaper)

"I locked my abuser in with me every night ... There wasn't a TV remote or cordless phone that didn't have tape on the back because it had been thrown and exploded so many times ... The worst thing he did was chase her (his sister) up the stairs with a carving knife and [when] she got into her bedroom he stabbed and slashed the back of the door" (Source: Community Care)

The **colleges, however, were more concerned with sexual abuse**. Their main issues were consent and online pornography:

[61] https://www.communitycare.co.uk/2016/10/20/child-parent-abuse-social-workers-dont-know/

[62] https://www.psychologytoday.com/gb/blog/abcs-child-psychiatry/201705/the-link-between-autism-and-violence-isn-t-autism

> *"He was touching girls constantly .... to him it felt nice, it was what he wanted ... he couldn't understand how it upset the girls he was touching" (Education provider)*

Circles South-East told us that the incidence of sexually abusive behaviour in residential settings is huge but under-reported, the issue being that someone with a learning disability can have a mental age of 9 but a physical age of an adult, so the understanding and impulsivity of a 9 year old but the sexual desires of an adult:

> *"One of our trustees had a son with learning disability. He was 22, a big lad, convicted of sexually assaulting 12 year old girls ... that was his mental age ... he ended up on probation" (DVA service provider)*

Similarly, in domestic settings some don't understand why incest is a problem (they told us).

Our 'interviewee' further told us that with autism the offending behaviour is usually computer based, and (for some) child pornography is their 'special interest'. But this is not DVA.

In most cases involving people with learning disabilities and/or autism, the DVA perpetrated is physical violence, with the perpetrator usually being the child and the victim usually being the parent - but coercive control and sexual abuse can also take place.

5.3 Preventing adults with learning disabilities and/or autism becoming perpetrators

Section 4.6 has discussed how adults with learning disabilities and/or autism can be prevented from becoming victims through relationships education (to include sexual relationships). We were told, for example, that they need to learn that hitting someone is not the way to show a person that you love him or her.

Similar education is needed to reduce the risk of them becoming perpetrators, although it may not prevent all cases:

> *"We've done lots on relationships over the years ... but they don't always act on it, emotion overtakes them at the time" (Learning disability provider)*

Circles South-East felt sex education was particularly important, and needed from the age the child starts to masturbate. For example, they need to be told it is OK to masturbate, but not in public. They also need to be taught the importance of gaining consent. And they need to be told these things more than once.

The person we talked to at Circles South-East argued that 'children' with learning disabilities and/or autism need to be taught about sex education separately, in small groups, by special educational needs (SEN) teachers. If taught in larger classes, at the average learning rate, those with learning disabilities will miss out.

Those we talked to at Bucks Colleges supported the view that some of their students seemed to have missed out on sex education when at school – they felt there was a lack of specialist SEN adjusted sex education in schools (Note: It's possible the lessons were given once, but perhaps were not explicit enough and/or not sufficiently reinforced in subsequent years).

In the longer term, if we can prevent people with learning disabilities and/or autism becoming victims (or witnesses of DVA at home), they are less likely to become perpetrators. Also, if we can prevent children from perpetrating DVA, we may be able to prevent them committing similar crimes when adults.

> *"There needs to be the right intervention and support for the perpetrator to understand and manage their behaviour during their adolescence, to prevent them continuing their abusive behaviour in adulthood" (Jeanette Hutchinson or Trevor Smith, Social Services)*

> *'"Sometimes children can feel unloved or not cared for, or a parent can be too strict, or the parent is so relaxed anything goes." Unless this is tackled, the abuse can manifest itself later. "It's not fashionable to say there's an inter-generational cycle of abuse but we see it, you can't deny its happening .... **If you can hit your mum then you can hit your partner**" (Source: Community Care)*

Many of the schools told us it was easier for parents to manage their child's abuse when respite services were more easily available to give them a break:

> *"The squeeze on respite services has made it even more difficult .... the safety net's not there anymore" (Education provider)*

Respite services do not stop the violence, but they can make it easier for families to cope with. When respite services are absent, neither the parent, nor the 'child', nor the siblings ever get 'a break'.

Finally, some expressed the view that this violence and aggression would be minimised if parents managed their child's behaviour from a young age – in particular, autistic children need to be parented differently from neurotypical children, and boundaries need to be carefully set. However, it is difficult for the parent(s) to understand this until their child is diagnosed (at which point the parent(s) become eligible for the CAMHS parenting course). Note: We have heard from various sources that the CAMHS course (while good) is too general, and most families need more individual support (every child is different, and ASD is a spectrum).

To minimise the amount of 'child' on parent violence, more education of parents is needed, more respite services provided .... and children with autism need to be diagnosed at an earlier age. Also, more action needs to be taken to reduce the amount of DVA in homes, to reduce the amount of 'witnessing' that is taking place.

To minimise the amount of sexual abuse both within and outside the home, more sex education is needed.

Both need to take place to prevent today's perpetrators becoming tomorrow's.

5.4 Supporting adults with learning disabilities and/or autism who are perpetrators

Rachel Condry, professor of Criminology at Oxford University, says in one her videos[63] 'The police, youth justice and social services have neither the protocols nor the resources they urgently need to help families experiencing adolescent to parent violence'. She argues for a 'more nuanced, holistic and family focussed approach' which avoids placing the blame on either the parents or the young people[64].

We were told of numerous cases of 'child' on parent violence where the **family struggled to get any help:**

[63] https://www.law.ox.ac.uk/content/adolescent-parent-violence
[64] https://academic.oup.com/bjc/article-abstract/55/6/1076/452016?redirectedFrom=fulltext

- If the only victim is an adult, **adult social services have few options available to them**. A perpetrator cannot be forcibly removed from the family home unless he or she is arrested, charged and sent to prison … or unless he or she is at risk.
- If the perpetrator is also an adult the **parent is simply told to throw him (or her) out**. Some parents do follow that course of action, but many others are reluctant to unless there is suitable housing for them to go to.

  'We had a young man diagnosed with autism … in his 20s … violent towards his mum and facing homelessness … the dad called the police … in the end they threw him out and he went to stay with relatives …. at his age he didn't get enough housing benefit to live on his own, so it was either shared living or hostels … there's nowhere specialist to house someone like that' (Housing provider)

  "They did throw him out … he went to live with his gran …. his mum said she just couldn't live with the fear that he might hit her … he had to go" (Autism service provider)

  "Another lady I know, she's been abused by her son (aged 25). He's recently had an autism diagnosis. She called everybody (safeguarding, mental health services, social services) and all they say is 'throw him out'. But as his mum she doesn't want to do that. He makes holes in the wall, calls her a bitch, and then he says he doesn't abuse her …. She needs counselling support to support her through throwing him out, but she's so anxious she can't think clearly through it" (Autism service provider)
- If the perpetrator is a child, the schools told us they **encourage parents to report it to the police**. If they report it often enough, the case will be referred to social care and then (if the Family Support Service become involved) they receive the support they need:

  "It's a back doorway of getting help' (Education provider)

  "He was at risk to himself and his mother … he could throw her around a room…. the police were absolutely brilliant … her son is now on a Child Disability Protection Plan even though it's him being violent towards her, he was never at risk from her … she was made to attend a conference and made to feel she had done something wrong … he's now in residential care' (Autism service provider)

  "I am convinced that our own situation only changed because I started to call the police. Concerns followed about the welfare of my younger children. Our case was presented at the monthly Multi-Agency Risk Assessment Conference (MARAC), which put pressure on services to act. I was allocated an independent domestic violence advocate (IDVA) from an organisation called Splitz, which offers support services to people experiencing domestic abuse. We met regularly and her support was crucial in keeping our case on the radar" (Source: Guardian newspaper[65])
- But **most families don't want to involve the police**, and even when they do it can take some time to reach case conclusion (meanwhile the family has to endure the abuse – and that can take a toll on siblings as well as parents). They are more likely to accept more immediate support from the Continuing Health Team or the Family Support Service.
- An alternative option if the perpetrator is a child is to say the child is at risk of entering the Criminal Justice System (or so the school's told us). If they win that argument, the family receives support from children's services

[65] https://www.theguardian.com/society/2018/dec/09/what-happens-when-your-child-becomes-violent-with-you

- Children's social services will also get involved if:
    - At least one sibling is also a victim, and that sibling, is still a child
    - The children are witnesses of DVA and the children are at risk

      "We had one case where a female with autism was beating up her husband. It was reported by the school following child neglect concerns … children's services got involved … mum had to leave home. He hadn't reported it as he was embarrassed … he didn't know how to get out of the situation … think he also has a learning disability, but it's not been diagnosed" (Autism service provider)
- There was generally **praise for social services**, when they became involved, but we were told it is often **difficult to meet their care thresholds** e.g. if the perpetrator has only a mild learning disability, and doesn't meet the learning disability team's criteria it can be very hard for the family to access support. Similarly, it is very hard to meet the criteria for support from the Continuing Health Team:

  "I knew somebody whose behaviour was extreme, and he didn't meet the criteria" (Autism service provider)

  "We had one case where they were all adults. One of the sons was abusing both his sibling and his parents. The case was turned down by Adult Social Services as it didn't meet their criteria, he was over 18. The sibling, one of our students, was told to call the police, but a 21year old is not going to call the police on his older brother. The father defended the older brother, but the mother was scared" (Education provider)
- The schools felt the **best support was given when the families were referred to the Family Support Service, and/or when the family receives Behaviour Management Support**.
- Similarly, we were told the police can be excellent, but they can also be too heavy handed – and that can make the abuse worse.

The big gap in local services was felt to be the lack of protection of adult victims. For many the abuse doesn't stop until the perpetrator moves out.

The colleges gave the example of a Social worker from London who was **aghast at the lack of DVA services available in Buckinghamshire to support building the perpetrator's relationship with the victim**, where the victim is the parent. However, the only London service that we have come across is Family Based Solutions, based in Enfield.

A Home Office report published in 2015 ('*The Information Guide: Adolescent to Parent Violence and Abuse*') identified that 'while there are some pockets or examples of specific and excellent programmes that are specifically designed to tackle CPV/APVA, these are few and far between, and **most existing programmes do not meet the needs of these families'**[66].

Family Based Solutions[67] **adopts a positive solutions-based approach to working with families,** to help them work out how they could all be happier i.e. rather than focusing on the problem, they focus on the desired outcome:

- They focus on positive behaviour rather than emotions (as behaviour is easier to understand and articulate), and ask questions like 'When did you last have a good day?', 'What happened?', 'Why was that good?', 'How did you distract yourself?', 'What can you do to help yourself if you don't have such a good day?', and then work with the families to develop strategies to ensure every day is a good day. Often the autistic children develop their own solutions e.g. one came up with the idea of

[66] https://www.reducingtherisk.org.uk/cms/content/child-parent-violence

[67] https://familybasedsolutions.org.uk/paars/

asking his mum to leave him a Post It note saying where she had gone (e.g. to the supermarket) to stop him feeling stressed when he woke up to find she wasn't there. Another suggested using different coloured arm bands to signify to others in the family how he was feeling so if, for example, he was wearing a red one that told others to leave him alone.

- They also work to help the parents understand what the child is trying to communicate, how to listen, and how to notice when the child is having a good day. Often, when families come to them, parents say they never notice when their child is doing well (only when they're doing badly). After working with the service, they do.
- Their aim is to give the child the skills he or she needs for life, so that the negative behaviour disappears forever (and not just a few weeks).

Family Based Solutions has just completed an evaluation of its service and claim that **77% of their cases have reached a successful conclusion** and need no further service involvement (although they often remain in contact).

Talkback is committed to such provenly effective positive behaviour support, and would start with a similar solutions-based approach. At the same time, we would explore why the abuse is happening - if the family can work together to find solution(s) for the anxiety or frustration, the aggression will be easier to manage.

The Community Care article written by Luke Stevenson in 2016[68] describes a case where *'her son's violence was a response to his crippling anxiety about going to school … through work and understanding the cause of her son's anxieties was discovered … her home situation has now completely changed'.* **Talkback would work to achieve such understanding, with the aim of achieving a positive behavioural outcome.**

Circles South-East (a sexual harm / public protection charity) has run a pilot project in Hertfordshire[69] supporting perpetrators of sexual violence who have been convicted through the courts. Their approach is to recruit 4-6 volunteers from the local community who meet regularly with the person with the sexually harmful behaviour (called a "Core Member"). This Circle of Support and Accountability (or COSA) approach 'provides a supportive social network and helps the Core Member to maintain responsibility, reduce risk and vulnerability and live positively in the community'. One of their cases studies involves DVA (although, in this instance, the perpetrator had mental health problems rather than a learning disability):

- The individual had offended against a member of his family, but was himself a survivor of physical and sexual abuse)
- His risk scores reduced from 40 (out of a possible 66) at the commencement of the Circle, to 12 at its conclusion
- At case conclusion:
    - He had renewed contact with his mother and made other friendships by attending support groups and a day centre. He was engaging in such activities as fishing, painting, photography and table tennis.
    - He was eating more healthily, had lost 8 stone in weight, and was benefiting from improved mental health
    - Both his substance misuse and levels of sexual pre-occupation had reduced

[68] https://www.communitycare.co.uk/2016/10/20/child-parent-abuse-social-workers-dont-know/

[69] https://thamesvalley.s3.amazonaws.com/Documents/Victims/Conferences/Learning%20Disabilities/Working%20with%20Sexual%20Offenders%20with%20Learning%20Disabilities%20-%20Carrie%20Webb.pdf

- He was less likely to lose his temper, less impulsive and more able to ask for help
- He was making plans to move home and seek employment (voluntary or paid)

The pilot, however, was never 'rolled out' due to a lack of referrals (NB not a lack of cases).

In a paper presented at a National Autistic Society conference[70], Circles UK discussed whether or not the Circles approach is suitable for someone with learning disabilities who are perpetrators of sexual abuse (mostly not DVA). It concluded **there is not enough data to prove its effectiveness, but the case study evidence was persuasive.**

Respond in London is now using the Circles approach when working with 'young people & adults with learning disabilities who have sexually harmful behaviour'. (Note: Respond is a charity providing therapeutic and support services to people with learning disabilities and/or autism who have experienced, or in this case perpetrated, abuse, violence or trauma).

The Birmingham Liaison and Diversion Team (part of Birmingham Community Healthcare NHS Foundation Trust) presented a paper at the same NAS conference on the role of a Learning Disability Practitioner[71]. It started a pilot in 2015 with the following key aims:

- Improved access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services and a reduction in health inequalities
- Diversion of individuals, where appropriate, out of the youth and Criminal Justice System into health or other supportive services
- Reduction in reoffending

Prior to the pilot the % of referrals recorded as having a learning disability was just 1%. They identified the following as barriers to referral (NB these are very similar to the barriers to reporting for victims described in section 4.3):

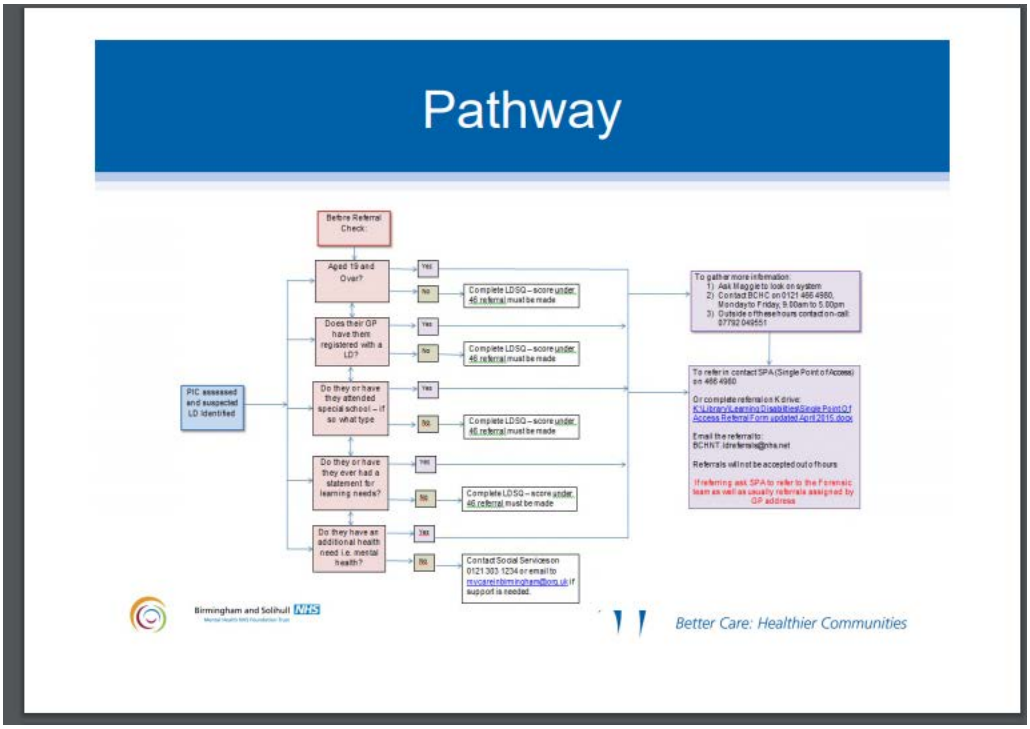
- Poor understanding of difference between learning disability and learning difficulty
- Custody/police staff failed to identify
- Perpetrator did not identify themselves as having a learning disability (due to stigma and/or a lack of understanding)
- Reluctance of Police to bring those with a learning disability into custody
- And a lack of understanding regarding capacity (so crimes are not always progressed)

They provided all in the team with training on learning disabilities, including how to use the Learning Disability Screening Questionnaire, and a learning disability nurse was seconded from the Birmingham Community Learning Disability Service for 18 months after which they employed their own Learning Disability Practitioner. The Pathway they developed and adopted is shown in Chart 4.

Chart 4: Pathway developed by Birmingham Community Learning Disability Service

[70] https://network.autism.org.uk/sites/default/files/ckfinder/files/Creating%20safer%20communities%20-%20is%20the%20Circle%20approach%20suitable%20for%20sexual%20harm%20causers%20with%20an%20intellectual%20or%20developmental%20disability%20-%20Leah%20Warwick.pdf

[71] https://network.autism.org.uk/sites/default/files/ckfinder/files/The%20role%20of%20a%20learning%20disability%20practitioner%20within%20Birmingham%20Liaison%20%26%20Diversion%20Team%20-%20Morna%20Browning%2C%20Margaret%20Large%2C%20Jessica%20Dickens.pdf



The pilot proved to be a success:

- **Identification improved following use of the Learning Disability Screening Questionnaire supported by a learning disability practitioner (able to advise on reasonable adjustments throughout the process e.g. Easy Read, Makaton). By enabling quicker, more reliable identification, they achieved more referrals and fewer inappropriate referrals.**
- **By 2018/2019 7% of onward referrals were assessed as having a learning disability**.

A few resources exist to help, but only a few:

- Rampton Hospital has developed a skills training programme for people with learning disabilities to help them manage their emotions[72]. Booklets are available called 'I can feel good'.
- Kent & Medway Domestic Abuse Strategy Group has published 'Adolescent Violence to Parents - A resource booklet for parents and carers'.[73]

When the perpetrator is the 'child' and the victim the 'parent', there is currently believed to be a lack of support for families in Buckinghamshire, unless there is a child at risk in the household, or the parent(s) are willing to report the 'child' to police, or the 'child' is old enough to be thrown out of the family home, or (after a period of time) they manage to enlist the support of the Family Support Service.

The same is true for most other areas, with Enfield being one exception.

Several organisations have tried the Circles approach to support sex abuse offenders, and some report effective case studies.

The Birmingham experience suggests that it is easier to gain referrals for those with learning disabilities when a learning disability practitioner is there from an early stage.

[72] htt

[73] htt
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Conclusions and Recommendations

Conclusions and Recommendations

The conclusions and recommendations have been summarised under the following 5 headings:

A. There is a need for more (and more accurate) data
B. We need to work with people with learning disabilities and/or autism to encourage more reporting
C. There is a need for more safe relationships education
D. Awareness (and understanding) of DVA among providers, and wider society, needs to increase
E. There is a need for more specialist support

A. There is a need for more (and more accurate) data

Insight	Recommended action
1. While most would agree that people with learning disabilities and/or autism are more likely to be victims (and perpetrators) of DVA, there is a lack of consistent statistics in Buckinghamshire.	Better statistics for <u>all</u> stages of the reporting pathway, with disability broken down into learning disability vs physical disability. All services to provide.
2. Different services assess whether or not an individual has a learning disability in different ways. When DVA services conduct their initial contact work over the phone they may miss opportunities to identify victims with learning disabilities.	A common and easy approach to determining whether someone has or has not a learning disability – ideally a common set of easily understood questions that can be used on the telephone as well as face to face. The Foundation for People with Learning Disabilities and the NHS SNOWMED approaches (See Useful Resources in Appendix - items 2 and 3) provide the basis for developing an agreed approach. All to collect and record data using a common process, ideally involving a Learning Disability practitioner
3. The current DASH risk assessment is unsuitable. It is too difficult for people with learning disabilities to answer without significant explanation and patience. While some professionals may have the experience and time to offer this, many will not.	A more learning disability friendly way of determining whether or not DVA has taken place i.e. a simple analysis tool in Easy Read format that all will find quick and easy to administer.

B. We need to work with people with learning disabilities and/or autism to encourage more reporting

It is generally agreed that there is even greater under-reporting for people with learning disabilities than for other groups, and everything should be done to encourage more reporting by tackling the reasons for under-reporting identified in Section 4.3 in the Main Findings (and below):

4. People with learning disabilities do not understand abuse, and (when abused) may not understand that the behaviour they're experiencing is wrong. They may also not know where to go for help if needed. Hence they don't report.	More people with learning disabilities and/or autism to receive more education on what is and is not abusive behaviour. Raise awareness of how to easily seek help. More specifically, we would suggest there should be simple posters on the back of every toilet door where people with learning disabilities might go (replicating the seemingly effective 2017 activity). (Toilets are a personal space that people visit alone without risk that their perpetrator might also be present). Talkback (and other learning disability providers) to explore ways of reaching those with milder learning disabilities who live independently (who they are not already in contact with), and ways of building a trusted relationship with them. In particular, Talkback to explore setting up a 'Citizen's Advice type' specialist support and advice service for people with learning disabilities and/or autism, to cover a wide range of issues, including safe relationships and domestic abuse. Short term start up funding will be backed up by trust funding to make it sustainable.
5. It's harder for someone with a learning disability to report. They are often reluctant to make phone calls, they may have poor literacy and/or verbal communication skills, and they may have limited access to the internet.	DVA services to offer as many ways to report as possible. Consideration to be given to a High Street office or 'drop in' where cases can be reported (Note: High Street venues also act as advertising for services). A room in a GP surgery might also be a suitable venue.
6. Many with learning disabilities lack confidence and assertiveness. They may feel they don't have the right or ability to complain, or may not speak up for fear of not being taken seriously. Many may have been told by their perpetrators not to complain to	Learning disability providers to continue to work to improve the self-advocacy skills of their members. All to encourage their members to speak up about difficult emotions and events in their lives, as well as happier ones – and to talk about life at home.

'outsiders'.	
7. Many with learning disabilities are frightened of the consequences of reporting.	Awareness generating work to be accompanied by reassurance that the victim will be safely cared for after reporting, and that they will be supported to retain custody of any children. Where mothers appear to children's' social services to be uncooperative or not interested, investigate why – their perpetrator may be preventing them from engaging, or they may lack the understanding or literacy skills to cooperate. Some of these mothers may need advocates to help them engage.
8. In general, people with people with learning disabilities and/or autism don't trust the police. This may be due to previous bad experiences or they may have been told as children that if they behave badly the police will take them away.	Organise a series of 'police meet people with learning disabilities and/or autism' occasions, following current Talkback practice.

C. There is a need for more safe relationships education

9. People with learning disabilities and/or autism have a more limited understanding of what is good and bad behaviour within relationships.	More people with learning disabilities and/or autism to receive more education on healthy relationships, particularly at times in their life when they are most vulnerable e.g. just before and/or just after they leave the family home, or a supported living environment, and switch to independent living. They are also particualry vulnerable after the death of a parent. Ideally all would be co-produced by learning disability and DVA providers (following the Talkback and Women's Aid model).
10. There is a perception that people with learning disabilities don't/can't have intimate relationships, and hence they often miss out on the sex education they need. Parents sometimes withdraw children with people with learning disabilities	Sex education for all, with sexual health 'educators' working with learning disability providers to create effective accessible courses and resources. See Appendix for extract from the book 'Just Say Know' by Dave Hingsburger. Dave Hingsburger has been working with, and

and/or autism from sex education lessons. The Terence Higgins Trust has some excellent courses but they're not suitable for people with learning disabilities and/or autism.	advocating for, people with a learning disability for over thirty years. He has a wealth of experience of speaking with people about sexuality.
11. Some of the more effective education and training programmes are run by (or involve) people with learning disabilities and/or autism (who have personally suffered from DVA), and use specific examples to explain their messages.	Consider peer led training programmes for people with learning disabilities and/or autism. Ideally these would be jointly facilitated by local learning disability and/or autism and DVA services, combining the skills and expertise of each, and ensuring support is available if abuse is revealed.
12. Various organisations have produced Easy Read materials, and films for use when teaching people with learning disabilities and/or autism. A desire was expressed for a toolkit containing all such materials.	Review all available materials and develop others if needed. Create a toolkit that all can access easily.
13. Effective teaching for people with learning disabilities and/or autism needs to be ongoing and regularly repeated.	Consider life-long education programmes rather than one off sessions.

D. Awareness (and understanding of DVA) among providers, and wider society, needs to increase

14. Many working with people with learning disabilities and/or autism in non-DVA services have not received any DVA training. Given limited time and money, it is often the case that just one person attends the DVA training, and is then expected to share their learnings with the rest of the staff (and that may or may not happen). Learning disability providers will often rely on Safeguarding training to provide DVA awareness, rather than commission separate training that focusses on DVA only.	Consider ways of providing condensed and less costly DVA training to all.
15. People with learning disabilities and/or autism are likely to suffer the full range of	Create further understanding of the signs and nature of coercive control, among non-

abuse that others suffer, but more likely to suffer some form of coercive control. Those working in front line services claim to be good at noticing visible abuse, but not so good at noticing the less visible.	DVA professionals.
16. More will engage with marketing and training that focusses on safe relationships than marketing that focusses on domestic abuse.	Encourage more to engage with relevant training by advertising courses as being about 'safe relationships'.
17. Non-DVA professionals lack the training and confidence to deal with such an emotive subject (particularly sexual health and abuse). There is a tendency to classify problems as behaviour problems rather than domestic abuse problems. Many fear opening what might be a 'can of worms'.	DVA mentoring programme to be offered to all who might come into contact with people with learning disabilities and/or autism. Programme would aim to create champions within each organisation, who can then take responsibility for spreading best practice within the organisation.
18. Many non-DVA professionals simply rely on the 'victim' asking for time alone (to report), but most with people with learning disabilities and/or autism will never ask.	Non-DVA professionals to be encouraged to start one to one conversations about relationships at home. Social workers should ask carers to step out for a few moments, and healthcare professionals should ask relevant questions during annual health checks and other appointments.

E. There is a need for more specialist support

19. Most DVA services lack the experience and resources to support someone with a learning disability. There are no specialist IDVAs.	Ensure all DVA services are able to offer at least some specialist provision, through recruitment of staff with learning disabilities and/or autism experience, or training of existing staff, and/or working more closely with learning disability services.
20. The Learning Disability team within social services was often praised, but it is difficult to gain support when a person does not meet their care threshold.	Consider ways of reaching (and supporting) those who do not meet the necessary thresholds, particularly those with milder disabilities who are living independently and are arguably more vulnerable to DVA.
21. The Family Support Service was praised, families suffering 'child' on parent abuse	Consider developing the Family Support Service to make it more accessible, and/or

struggle to access it (generally requires repeated calls to police following by a MARAC review)	consider commissioning other providers to provide the desired effective family support and counselling (with or without a police report).
22. Those who commit sexual abuse tend to be repeat offenders.	Consider alternative remedial approaches when working with sex abuse offenders with learning disabilities and/or autism.

Proposed Action Plan

= Short timing (within 6 months) and/or low cost

= Medium timing (7-18 months) and/or medium cost

= Long timing (19 months +) and/or high cost

Action		Lead organisation(s)	Estimated timing	Estimated Cost
1. More accurate data	a) Accurate data for <u>all</u> stages of the reporting pathway, with disability broken down into learning disability vs physical disability. All services to provide.	TBC - Implementation resource	Medium	Low
	b) A common set of easily understood questions (that can be used on the telephone as well as face to face) to help determine whether someone has or has not a learning disability. To Include making best use of similar resources already developed.	Talkback	Short	Low
	c) A learning disability friendly way of determining whether or not DVA has taken place i.e. a simple analysis tool in Easy Read format that all will find quick and easy to administer. To include making best use of similar resources already developed + dissemination	Talkback	Short	Low

	and embedding in key orgs.			
2. Encourage more reporting	a) Frontline services to be encouraged to hold one to one conversations on how things are at home (on a regular basis, and at the very least at every review). – Specifically: Health (primary care, A&E), Women's Aid, AVMKSAASS, Police.	TBC	Short	Low
	b) Posters on the back of every toilet door where people with learning disabilities might go (replicating the seemingly effective 2017 activity).	Safer Bucks Board	Short	Low
	c) Using existing Safe Place Scheme to disseminate information and LD friendly materials across the scheme and key organisations with drop in facilities.	Talkback Safer Bucks Board	Medium	Low
Action		**Lead organisation(s)**	**Estimated timing**	**Estimated Cost**
2. Encourage more reporting (cont.)	a) A virtual (and face to face) advice service targeted at all with a learning disability (but particularly those with a milder disability, living independently, and not normally in contact with learning disability services). Through offering advice and information on a wide range of issues (including DVA), the aim would be extend the reach of existing learning disability services and to create a sufficiently trusting relationship to allow domestic abuse to be revealed. - Business case to be developed.	Talkback	Medium	Medium
3. Remove the barriers to	a) Investigate how many mothers appear to social services to be uncooperative	TBC	Medium	Medium

reporting	or not interested in their children, and investigate the extent to which communication difficulties and/or DVA may be the cause[74].			
	b) Ensure all police spend time with people with learning disabilities and/or autism as part of their training.	Thames Valley Police	Medium	Low
4. Education for people with learning disabilities and/or autism	a) Accessible, regular safe relationships training co-produced by learning disability and DVA providers, and potentially peer led. Cover bad relationships as well as good. Delivered face to face and available online.	Talkback Women's Aid	Medium	Medium
	b) Accessible, regular sex education. Delivered face to face and available online.	Talkback Terence Higgins Trust	Medium	Medium
	c) Create a toolkit of easily accessible materials. To contain both online and offline materials.	Talkback	Short	Low. Higher if new materials needed
Action		**Lead organisation(s)**	**Estimated timing**	**Estimated Cost**
5. Upskill professionals who work with those that have learning disabilities and/or autism	a) Cost-effective and time-effective DVA training for those working in frontline learning disability and/or autism services. Encourage engagement via marketing the training as being about 'safe relationships'. -Greater awareness tools and techniques in engaging LD victims. -Produce E-Learning	Talkback Safer Bucks Board	Medium	High

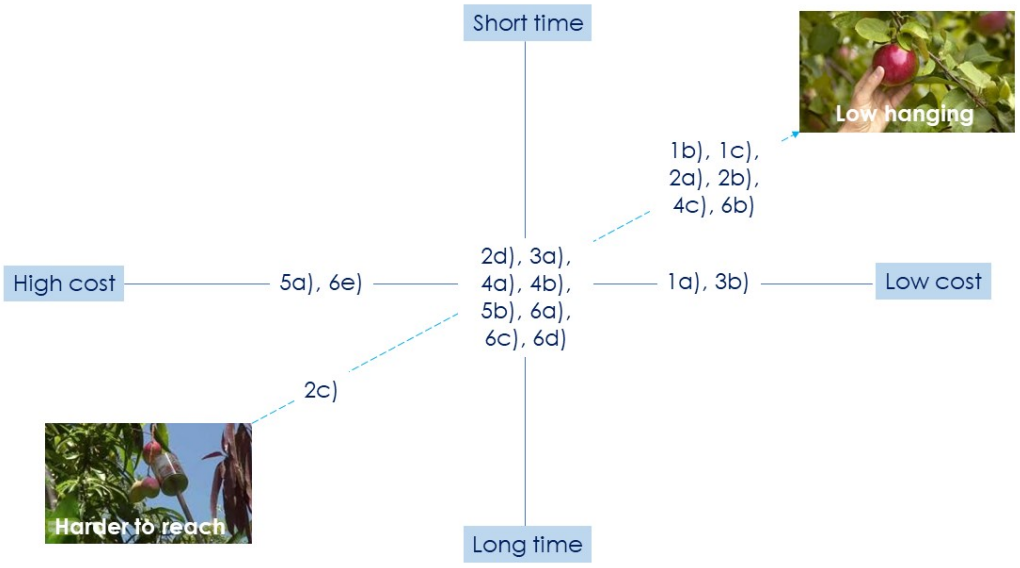
[74] Cambridge and Peterborough discovered this was an issue. We have no data. They say 1/3 of the women had learning disabilities

	module on DVA & LD.			
	b) Create DVA champions within each learning disability service. All to take responsibility for spreading best practice within each organisation. Run mentoring sessions each month to exchange ideas.	Talkback Safer Bucks Board	Medium	Medium
6. Specialist learning disability and/or autism support within DVA services	a) All DVA services to offer at least some specialist (learning disability and/or autism) provision, through recruitment of staff with relevant experience, or training of existing staff, and/or working more closely with learning disability services.	Women's Aid Aylesbury Vale and Milton Keynes Sexual Assault and Abuse Support Service Victim's First Safer Bucks Board	Medium	Medium
	b) Consider the suitability and affordability of Beverley Lewis House in higher risk cases. - A further option for safe accommodation.	Housing (and commissioning for support in local safe accom-modation)	Short	Low
	c) Family Support Service to be developed to have greater accessibility to parents with LD and autism[75]. -Needs to be road tested. -What is and isn't being done already? - If action agreed with FRS then mutual taking forward of recommendation with support of Talkback.	Children's Services Family Support Service Talkback	Medium	Medium to High
	d) To liaise with integrated commissioning around provision where child is abusive.	Integrated Commissioning Buckingham-shire Council	Medium	Medium to High

[75] Evidence base is qualitative with schools.

Action		Lead organisation(s)	Estimated timing	Estimated Cost
6. Specialist learning disability and/or autism support within DVA services (cont.)	a) Consider commissioning a provider with experience of the Circles approach (e.g. Respond, Circles South-East) to work with sex abuse offenders (with a learning disability and/or autism). - Explore as part of PCC recommissioning of perpetrator services.	National Probation Service Community Rehabilitation Company Office of the Police and Crime Commissioner	Medium	High

Mapping out the actions by cost and time involved



Appendix

Method

To complete the project, we talked to the following providers/services both within and outside Buckinghamshire:

Learning Disability and/or Autism providers

1. Talkback
2. Social Link
3. Jigsaw Theatre
4. R.E.A.C.H.
5. Epilepsy Society
6. Buds
7. Autism Bucks
8. Sees The Day
9. Princes Centre
10. MacIntyre
11. Aylesbury Gateway Club and Friendly Bombs Theatre Group
12. ARC (Association for Real Change) – Us Too project
13. Respond

DVA providers

14. Women's Aid
15. Reducing the Risk
16. Aylesbury Vale and Milton Keynes Sexual Assault and Abuse Support Service
17. Victims First
18. SAFE
19. The Dash Charity
20. Circles South East
21. Beverley Lewis House
22. BILD (NB keen to see final report)
23. Other London charity (not able to state name)
24. Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership
25. ManKind
26. Family Based Solutions

Housing

27. P3
28. Prevention Matters (Connection Support)
29. Hightown
30. ATEGI Shared Living
31. Whiteleaf
32. Grand Union Housing

Schools

33. Alfriston
34. Stoney Dean
35. Pebble Brook
36. Aylesbury Healthy Living Centre (Nursery)
37. Bucks College Group – Safeguarding teams

Council / Oxford Health

38. Bucks Council LD Team

39. Community Safety Officer
40. Bucks Council Safeguarding
41. Children and Young People Services Division within Buckinghamshire Healthcare NHS Trust (BHT)
42. HPFT (Hertfordshire Partnership University NHS Foundation Trust)

Other

43. Bucks Mind
44. Voices and Choices
45. Tizard Centre (University of Kent)
46. University of Worcester
47. Thames Valley Police

Most of these conversations took place between April and early July 2020. The conversation with Thames Valley Police took place in early August 2020.

We were able to have some conversations with people with learning disabilities and/or autism, enabling us to prepare case histories, but the constraints imposed by the Covid-19 pandemic prevented us from having face to face conversations:

- Both Women's Aid and Talkback were reluctant to discuss previous abuse with clients or members in a remote way, at a time when nobody could be with them to support them following what would, for many, be an upsetting discussion.
- People with learning disabilities and/or autism. Again, we were concerned that any such survey might raise issues that would distress members at a time when we were unable to give them face to face support. Also, it might be difficult for them to respond to at a time when they are at home with family and carers (who might influence their answers). However, we have been able to incorporate the feedback investigation work conducted by Talkback in 2017 (NB the 2017 findings are still relevant due to little changing in the last 2 years).
- People working in health and other services who were struggling to cope with the impact of Covid-19

More detail re definitions

a) Defining DVA

In simple terms, domestic violence and/or abuse is said to have occurred when people hurt family members or partners with their words or actions, take their money, or try to control them.

More formally, Women's Aid defines it as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. This includes stalking and harassment, FGM and forced marriages.

The cross-government definition is similar, and defines it as 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional'.

The Power and Control Wheel (shown below) was developed by the Domestic Abuse Intervention Programs in Duluth, MN. (1981). It is believed to be the best diagrammatic depiction of domestic abuse and coercive control.

Note: In the Appendix we have included a version of the Power and Control wheel that uses pictures. This may be more suitable for people with learning disabilities. (See Useful Resources item 1)

For the purposes of this report we have excluded those living in supported living, unless they are in long term relationship within an individual unit within that accommodation.

b) Defining learning disability

Mencap defines a learning disability as **a reduced intellectual ability and difficulty with everyday activities** – for example household tasks, socialising or managing money – which affects someone for their whole life.

A learning disability is defined by the Department of Health as a 'significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'.

The NHS website has a softer description:

- A learning disability affects the way a person understands information and how they communicate. This means that someone with a learning disability can have difficulty:
  - Understanding new or complex information
  - Learning new skills
  - Coping independently
- Some people with a mild learning disability can talk easily and look after themselves but may need longer than usual to learn new skills. Other people may not be able to communicate at all and have other disabilities as well.
- Some adults with a learning disability are able to live independently, while others need help with everyday tasks such as washing and dressing for their whole lives.

Finally, within Mental Health Services:

- Someone is considered to have a learning disability **when they function at a level of intellectual ability which is significantly lower than their chronological age**. This is usually considered to be equivalent to having an IQ of 70 or less.
- Someone with an IQ of 50 to 70 would disability be classified as having a Mild learning disability, and someone with an IQ below 50 would be classified as having a Moderate-to-profound learning disability.
- However, from a social care perspective, an IQ of 70 or less is not sufficient reason for deciding if an individual should be provided with additional health and social care support, hence **many with a mild disability learning disability may not be known to social services** (or may not be classified as such by social services).

Talkback has developed its own definition, given in the Introduction section of the report.

The NHS estimates that there are 1.5 million people in the UK with a learning disability, and 350,000 of these have a severe disability. It also states that this number is increasing.

The Family Resources Survey 2018-2019 estimates that 3% of working adults have a learning disability. This is calculated from the % who say yes to the question 'Do you have any physical or mental health conditions lasting or expected to last 12 months, or more?' and then choosing 'Learning or understanding or concentrating' from a list of conditions.

We do, however, have some concerns about the Family Resources Survey approach:

- It would be difficult for someone with a learning disability to answer these questions, hence the survey may have been completed by carers – and may exclude those who live independently without a formal carer.

- It may include some with a learning difficulty as well as those with a true learning disability.

c) Defining autism

- Autism is a lifelong developmental condition which affects how people perceive and make sense of the world. It impacts how they communicate, relate to, and interact with others. Autism affects everyone in different ways.

Talkback victim case studies

1. D is a male in his late forties, a wheelchair user who lives independently in the community with his wife who also has learning disabilities/difficulties. Both used to live in supported living but now live together and each have independent support once a week (each) for a few hours from a PA to support with shopping or cooking etc.

   Since moving out of supported living and into independent living, it has been more difficult for D and his wife to access the right support to live independently safely. There is very little support provided by their housing provider to ensure information is accessible and easy to read. They had lived in their home for a number of years before a ramp was installed to ensure D could access the garden, but more importantly to provide a Fire Exit should exiting via their front door not be possible – this had been overlooked for a number of years until it was raised at a self-advocacy session on staying safe with Talkback.

   They are now living independently but often feel they lack the correct support mechanisms in place to keep them safe and informed. They often feel trapped in their own home due to the activities of other residents. Their flat is on the ground floor and situated directly by the main entrance. People (non-residents) are often ringing their bell to gain access – the building attracts people from the community due to some of the illegal activity that takes place within the building. They are fearful to let them in but also fearful of any recrimination if they don't allow the groups of people access to the building.

   D has experienced DV within his current living arrangement from one of his two stepsons. Since moving out of supported living, D and wife have become more vulnerable living independently in the community. Their living space set up for just two people was recently taken over by the wife's two sons. One who had been recently released from prison and the other who was homeless. Both sons had attended specialist schools during their education years but left school with no extra support. One of the sons has ADHD and anger management issues.

   Both sons exploited the mother's situation of living independently and took up residence in their home. If they didn't let them in, they would continually buzz the bell or call on the phone and plead with them.

   Both D and wife were afraid of one of the son's due to his anger management issues which at times resulted in physical abusive behaviour. D was very fearful and his mental health rapidly declined making him depressed and anxious.

   D and wife were too afraid to flag anything as they knew they were breaking their tenancy agreement and could lose their home. It was only after a staff member at Talkback noticed a change in D and his behaviour that questions were asked and with some allocated time to talk, D opened up about the situation at home; how the sons were living there illegally and taking over their home, threatening in their behaviour and creating fear in the home for both D and his wife. They would hide when support came or make sure they were out of the house but reappear once the visitor had gone.

   D and his wife felt powerless to take control of the situation and for a prolonged amount of time were living in fear not just because of them living there illegally but because the situation often became aggressive and controlling. The situation was reported to safeguarding who concluded that they couldn't do anything and was up to D and his wife to not provide shelter for the sons.

The situation is resolved for now as one of the son's is back in prison and the other is living with his girlfriend but they are aware that things could return back to what they were and that no one will be able to provide them with any support to handle the situation.

D's reflections and comments:

- Has heard about Domestic Violence through Talkback about 6 years ago. His wife had also told him about it.
- He had never known his own father as he had been physically abusive to his mother when she was pregnant with D. They had split up as a result and he has never seen him since.
- His stepfather had a short temper and could get very angry but never physically abused either of them. He was often afraid of what might happen when he was younger.
- D felt he was unable to speak up about the more recent situation as it was regarding family members and he didn't want to betray or upset his wife.
- He said *"I felt scared what they might do to me. Being a wheelchair user, I couldn't get up and run". "I didn't have the guts to speak up". "Looking back, I needed to find my confidence and voice and remember how to use it. It is good to be reminded that you have a voice and should speak up…that's why Talkback are good".*
- He said if it happened again – he hoped he would be more confident to use his voice but not sure he would if he felt afraid and fearful that something might happen if the sons found out he had reported them.
- He said he would also worry what his wife would think of him and how it might affect their relationship.
- He said *"my head was telling me…this is not right. I need to put my foot down. You need to respect me. But, I still didn't do anything about it".*
- He said: *"you are never sure who will take you seriously and actually support you in the right way to make things better and then you need to think about who you can really trust. Trust is really important … you wouldn't tell anyone your personal business".*
- *"I can't recall seeing any leaflets on this sort of thing recently. I wouldn't know where to go or where to find out information".*
- *"Every daycentre, or support and activity group should be telling you about this as it is very private and people are too scared to speak up. They need to give you opportunity to speak up privately so as nobody else knows your business".*
- *"When things got bad at home, I was never able to make a call or do anything as everyone was there and they would have heard me. I couldn't even get into my own garden at the time as there was no ramp for me to go into the garden. I couldn't get away and I felt helpless".*
- *"Everyone needs to be reminded frequently what to do and how to get help. When it's not really happening to you – you don't pay much attention to these things as they aren't important to you but when it is actually happening you don't know where to go or what to do and then you feel too afraid to speak up in case you get hurt more or something really bad happens".*

- D does not recall seeing any accessible leaflets that would be relevant to the situation he was in.
- Nobody has ever gone through Abuse or Exploitation leaflets with D to explain in more detail and what different scenarios could look like.
- He does recall that he had a social worker many years ago who spoke to him about abuse.
- He never listens to the radio. If he did, he wouldn't be able to recall the information to find the appropriate help.
- He said without Talkback, he would be *"stuck".*

2. T is now in hear mid 50's. She is the mother of 3 adult children and divorced from the father of all three children. She is now remarried.

   T went to a specialist school as a child and then received minimal support from adult social care once leaving education.

   She lived independently in the community with her husband and three children. All three children went to specialist school.

   Her relationship was physically abusive, her husband was a drinker. This resulted in her eventually leaving her husband once she had the support.

   Following the breakdown of her marriage, T lived alone with her three children. The daughter was later taken into care as she had more complex learning difficulties. T then found herself in a situation where she was exploited by groups of people in her community that used her home as a den and took over her lounge area. Again, she found herself too afraid to speak up. At first, she felt that these people were her friends, but realised later on that they were taking advantage of her and her home. She did end up speaking to her social worker at the time and the matter was dealt with.

   T's reflections and comments:

   - *"You don't speak up because you love the person and they aren't always being abusive. When it happens and things are bad you are too scared to speak up because their mood has totally changed. You feel relieved when things are better".*
   - *"I knew it was wrong but I was too scared to talk to anyone. He was a drinker and he used to get physical and throw things. He would even chuck things at the children."*
   - *"I never knew there were groups that could help but I wouldn't have gone there as I was too shy."*
   - *"I wouldn't pick the phone up…I kept it all to myself. I was just too afraid to talk to anyone about it".*
   - She said that on reflection…she might have told someone back then if she knew she could really trust them. It certainly wouldn't be anything she could have said to a stranger; there would already need to be a relationship in place.
   - She wouldn't even speak to friends as she said they can *"stab you in the back and use it against you"*. She has had bad experience with friends so doesn't make friends with anyone anymore.

- She said she would have told the police if her first husband had really hurt and abused the children – she would have spoken up for them but gone directly to the police.
- She received no emotional support after leaving.
- Her advice would be for anyone in her situation to speak up and talk to anyone they know and can trust who work in a professional capacity.
- She has never been aware of any DV campaigns and doesn't listen to the radio.
- She has never seen any Easy Read leaflets or had anyone explain to her what sort of situations might be classed as DV.
- She thinks people should be frequently having these conversations so that it's easier to talk about when something isn't right.

3. As a child V experienced a number of traumatic experiences, to include being removed from her family home and siblings and raised by grandparents, a bad accident through neglect, sexual abuse from family member, move to a children's home plus discovery of the death of a younger sibling.

   V has struggled with her mental health throughout her life. She has a mild learning disability and attended specialist school as a child and went on to attend a residential school placement during some of her teen years.

   On becoming an adult, she moved into supported living accommodation. At this time, she experienced sexual abuse again (rape) and the case went to court, the perpetrator happened to also be a young man with mild learning disability. As well as the emotional trauma of this incident she was also physically damaged.

   V reported further incidents of sexual abuse over the years; she has been exploited by men some with a learning disability/difficulty and others from the community. These experiences have had a huge effect on her wellbeing and mental health resulting in an issue with her own personal care as was unable to touch her own body.

   V moved out of supported living to live independently in the community. It was during this time that she was exploited again by so called friends. People from the local town who befriended her and then abused the friendship by taking her bank card and stealing her possessions from her home. Turning up at our house with other friends who said they would look after her possessions for her to help her clear some space before her imminent move to sheltered accommodation.

   V said she knows quite a few of the homeless in High Wycombe as they had also been part of her journey throughout her life (during education, children's home, youth social groups etc.).

   V opened up and said that past abuse often comes back to her and haunts her – she has feelings of guilt, shame, self loathing, depression and sadness. Her main sadness is the breakdown of her family situation. She feels she was punished for speaking out about the family abuse, once she spoke up about what happened she was made to leave the family home. She felt victimised for speaking up; she felt as though nobody believed her and that she was the one to blame – that she was making up the story.

   She has been offered some mental health support over the years (as an adult) but it never helps as they tend to focus on her making another disclosure and taking the case to court after all these years which then has a profound effect on her physical health due

to the anxiety of the thought of making a disclosure. There is an element she wants everyone to know the truth but a fear of recrimination from her family – a relationship she has just started to rebuild.

From working with V over the years, I am aware that her physical health is impacted greatly when a situation becomes overwhelming and stressful. This is always a good indication and sign that V has something else going on in her life that she is too afraid to speak up about. Historically, the stress manifests physically and normally affects her legs and throat (speech). The only place she knows she feels safe is in a hospital environment, and it is here she will often end up when something stressful that she is unable to manage or deal with is occurring in her life.

Whilst living independently, V was exposed to exploitation…much of this has come around from her need for social contact and connection with people she has believed to be real friends. She has almost been groomed into believing that a genuine friendship is in place and then exploited for use of her living space, money, belongings, and/or food. This has led to V returning in to supported living to ensure she is safe from exploitation from people in the community. However, she is still affected by the trauma of these incidents and disconnect from family even though that is now very slowly recovering with extended family and her mum who she speaks to every now and again on the phone.

On each occasion, at the point that V realised she was being exploited (apart from the sexual abuse), she is too afraid to speak up, she is incredibly fearful what might happen to her as she was living independently in the community with minimal support. She was afraid that these people could return at night or threaten her. She felt incredibly vulnerable and out of control.

The latest incident, where she was exploited by two homeless people invading her living space within sheltered accommodation, eating her food, sleeping on her sofa, taking her phone and her bank card whilst V went into hospital as the situation became too stressful, resulted in her nearly being evicted herself for having people live in her one bedroom small flat. Until Talkback stepped in, she was totally unsupported to manage the situation and get the help she needed to feel safe to handle the situation.

V's reflections and comments:

- *"I thought living independently would work for me when I was younger but I just ended up with people taking advantage of me. I am still haunted by the things that have happened. I still feel fearful of things like this happening again. I can't get it out of my head. I am scared of making friends."*
- *"I may have seen leaflets but you lose them and forget what people tell you as it doesn't get spoken about again. When you do get into a situation, you don't know what to do as you are so scared."*
- *"I would still be afraid to speak up – you aren't sure it's going on when it is happening. You can't believe people are being bad".*
- *"If it happened now, I think I would speak to the Samaritans…depending on what it was, I might tell the police but if I lived on my own now, I would be scared as it might make things even more difficult for me."*

  V admitted this is why the safest place for her has always been the hospital – it has provided a safe haven and removed her from the crisis situation. The fear and stress are so acute that physical symptoms manifest and then result in an emergency admission. Had V not been labelled as a hypochondriac and the situation more

closely monitored, it would have been a good indicator that something was amiss and V was actually experiencing an acutely stressful period of her life at these times.

V painted the picture on the right to illustrate her feeling about the 'hidden hurts' she's suffered.

4. S lived with her family in a terraced council house of which the tenancy had been transferred into in her name after her mother passed away. She had learning disabilities and very limited speech.

   The safeguarding concerns raised were financial abuse, neglect, lack of care (food & hygiene), lack of privacy.

   S shared the house with her sister, sister's boyfriend, sister's daughter, her boyfriend and their 2 small children. S's sister also had a young child. Total of people who lived together was 8, in a house that was not suitable and overcrowded. S was unable to walk upstairs and therefore had no access to the bathroom to have a shower or bath. S's bed was in the corner of the living room, which resulted in lack of privacy and dignity. It was also noticed that S would eat away from the rest of the family, again in the corner of the room.

   S attended day services at the time and the concerns were that she was very frail, had unclean hair and ill fitted, dirty clothes. In addition, she was not given any money when this was requested by staff. There were also issues with the very delayed payments to the day services.

   S had very limited speech and was very shy towards people she did not know. It took quite some time to connect with her, but through regular meetings, the use of photos, symbols and paper and markers, we managed to find a way communicate which suited us both.

   Once we had established this connection, S was able to recognise photos/symbols and show me what she liked or not liked through these means and through her body language. We also covered feelings and emotions, which S was able to recognise and show me how she felt through body language/facial expressions.

   A perfect example is that when I showed her photos of the day services she would point at those photos, smile and give me a "high 5". When she saw photos of her house, she would look sad and push the photos away. I used a variety of images to include personal hygiene, family members, essential products, food & drinks to find out what my clients views and wishes were.

   Following multiple sessions with S and several professional meetings, S is now living away from her family, who needed to vacate the house, in supported living with 24/7 carers.

When I visited S in her new accommodation, I immediately noticed her clean hair, new well fitted clothing and the big smile she gave me when I arrived. She was very eager to show me her room, a very bright, freshly painted room in which she had a comfortable bed, a wardrobe, bedside table and a desk. S seemed extremely happy finally having her own private and safe space.

This process has taken several years and many sessions, but the outcome was that S is now able to feel safe, care for and be happy, surrounded by people who care for her in the best possible way.

5. This story was told to us by a mother of a (now) adult daughter who is autistic. Both the mother and daughter have been subject to emotional abuse from the father (NB the mother doesn't have learning disabilities). The following is the mother's voice:
    - *"He never says anything nice ... you're doing well ... it's this drip, drip, drip of stuff"*
    - *"He undermines her, calls her an idiot"*
    - *"She won't go to the shops with him now, because he is very impatient with her ... he says you're silly, you don't need that ... he takes advantage of her vulnerability"*
    - *"He says I'm fed up with this autism thing, he says it in front of her"*
    - *"He shouts at her with a vengeance and calls her names"*
    - *"He won't take her anywhere as once, when he did, she had a meltdown ... he screams and shouts at her"*
    - *"I reported it once ... the police were very good ... they asked him to leave the house"* (but the mother later allowed him to return)
    - *"The health visitor came to the house .... said what a charming man, what a lovely man he is"*

Women's Aid case Studies

1. 'Janey' aged 40

Janey had grown up in care and had experienced a number of abusive relationships in early adulthood. Janey had been known to a domestic abuse service over a seven-year period and had experienced abuse from seven different partners. She had been diagnosed with a personality disorder in addition to a learning disability and alcohol misuse issues. When living on her own there was also a reported 'cuckooing' incident involving third parties. Janey had been referred to the Multiagency Risk Assessment Conference on six separate occasions spanning the seven years. She had two children who had been removed from her care and placed with a former partner. She had been placed in a refuge but had returned to the local area after a 3-month period. More recently, Janey had requested that a refuge space be found for her, because of her 'complex' needs there were only four spaces that had vacancies at the time of looking. However, her mental health worker was not in favour of her moving due to the difficulties in moving her support package.

Agencies involved: domestic abuse services, substance misuse services, mental health services, police and social care.

2. Rebecca aged 30 (NB in this instance the victim has a learning difficulty and not a learning disability)

Rebecca has dyspraxia and mental health issues. She had lived with her abusive partner for approximately eight years during which time she converted to Islam. She fled from outside the area after experiencing coercive and controlling behaviour. Due to her unstable living conditions she voluntarily placed her child into care and the child was eventually placed with her former partner. As a consequence of this, she has not seen her child for a number of years. Following this Rebecca had a further two abusive relationships. She was in debt due to the financial abuse experienced during this time. She received support in accessing a legal aid solicitor and was able to obtain a non-molestation order and an occupation order which meant her most recent abusive partner was removed from her property and was not able to contact her further. She was also supported to manage her debts and to also to get a management move to another property.

Agencies involved: Domestic abuse service, registered social landlord, police, solicitor, debt advisor.

3. Poppy aged 25

Poppy has a learning disability and said that she had been physically abused by her mother until she was about 17 years old. She said she couldn't remember a time when her mother was not abusive to her and always felt that her mother did not want her. Although there was no current physical abuse, Poppy said that her mother had been increasingly controlling, for example; objecting to her boyfriend and not allowing her to use the kitchen or bathroom unless during stipulated times. She said that her family had a dog, and the dog was used to frighten her. By receiving support, Poppy was able to submit a homeless application and was placed in accommodation outside of the family home.

Agencies involved: support agency, domestic abuse service, housing.

4. Hanna aged 28

Hanna came to the UK following an arranged marriage. She did not meet her husband until the day of her marriage but had been told before the ceremony that he had a speech impediment. She subsequently discovered that her husband had a learning disability and she was required to be his carer. When she was reluctant to comply, she received abuse from the wider family network including physical, emotional and psychological abuse. She had no recourse to public funds. The support she received enabled her to access safe accommodation.

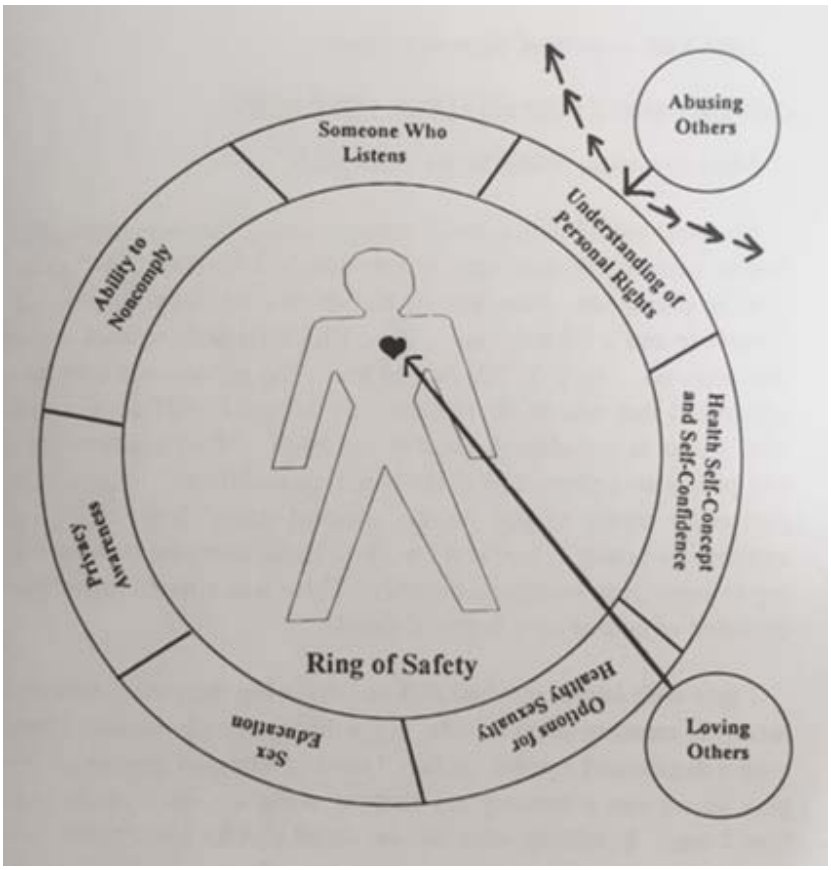
Agencies involved: Domestic abuse service, Red Cross.

Extract from the book 'Just Say Know' by Dave Hingsburger

World famous disability advocate Dave Hingsburger has been working with and advocating for people with a learning disability for over thirty years. He has a wealth of experience of speaking with people about sexuality.

Dave Hingsburger explains that the Ring of Safety (see below) brings together the skills that increases a person with a learning disability's ability to protect themselves. By using the Ring of Safety and putting it to practice, the person is seen as capable of being their own first line of defence.

The Ring of Safety



What needs to be taught to increase a person's ability to protect themselves from sexual assault

1. VOCABULARY: people need to know the names for all of their body parts and what function they serve.
2. PLEASURE: people need to know that their body can provide great pleasure and that this is a good thing.
3. CONTEXT: people need to know that the giving and receiving of sexual pleasure belongs in the context of a loving relationship. That both people need to agree. People need to know that both people trust one another with their bodies.
4. RESPONSIBILITY: people need to know some basic facts about pregnancy (they don't get pregnant from getting married). If people learn about sex, they have to learn about responsible choices.

5. FACTS: people need to know about healthy relationships and sexual disease. When people with a learning disability are denied access to sex education, they become perfect victims because they can't report what they can't say.
6. SEX is good and if it isn't good it isn't sex.
7. PRIVACY: teach about the right to have privacy. One of the most positive ways is for all staff supporting a person to be encouraged to adapt their communication in their intimate care role by asking permission to touch the person's body. Many people with a learning disability don't understand "basic privacy". People need to know their body is theirs and no one should touch it without permission.
8. SAYING NO: most people with a learning disability have been brought up to do as they are told and many don't believe that they have a choice about what happens to them. To follow on, there are staff that believe a person is problematic if they don't conform or do as they are asked. **People who don't learn to say "No" to small things, can't say it to the big things.** As Dave says "people who can't say no to peas will never understand their right to say no to a penis".
9. TEACHING APPROPRIATE NON-COMPLIANCE: people need to know how to stick up for themselves if they are ever going to be able to clearly say "No".
10. CHOICES: only offer a choice to people with a learning disability when there really is a choice as people will always believe their choice doesn't really matter.
11. SPEAKING UP AND BEING LISTENED TO: people need to be provided with the opportunity to speak up and be heard. Everyone should have the opportunity to do this. All staff working with a person should recognise that not all people communicate fully with words; much is through body language, signals, emotions, desires and humour etc. By creating a language/communication dictionary for people with more complex disabilities would be a great way of staff recognising the signs that something is wrong. It creates a hostile environment for abusers. E.g. "An abuser that comes to work in a place where staff are trained in the language of their clients had better be careful because staff have the capacity to read and understand slight changes in a person's demeanour and temperament".
12. RIGHTS: people need to recognise that they have rights. They need to know what these are.
13. HEALTHY SELF CONCEPT AND SELF CONFIDENCE: people need to know they are good. They need to develop a firm sense of self in order to survive. There is a history of people having been despised in society, denied access, jobs etc. More needs to be done to make people firmer in pride, to self heal and self love.
14. PEOPLE MATTER: we all need to display this in the way we act and our attitude.

So, the Ring of Safety is designed to be a permeable set of skills and defences. It neither teaches that everyone is dangerous, nor does it teach that all sexual feelings are bad.

Instead, it teaches the difference between love and hate, abuse and consent. The goal of the ring of safety is to give the person with a disability a means of allowing love, in all its glory while keeping abusers at bay.

Useful Resources

1. A more visual Power and Control Wheel

   https://www.endabusepwd.org/publications/project-peer-dc-power-and-control-wheel/

2. How to spot signs that a person has a learning disability (Foundation for People with Learning Disabilities)

   https://www.mentalhealth.org.uk/sites/default/files/cjs-spot-signs.pdf

3. NHS England's Improving identification of people with a learning disability: guidance for general practice. Includes relevant SNOMED-CT codes. See Appendix 4 for the Learning disability identification check-list

   https://www.england.nhs.uk/wp-content/uploads/2019/10/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice.pdf

4. DASH risk assessment

   https://safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance.pdf

   Note: The Stay Safe East Disability and Domestic Abuse risk assessment has been sent separately

5. NSPCC guide to help keep children with learning disabilities safe from abuse

   https://www.nspcc.org.uk/globalassets/documents/advice-and-info/underwear-rule-parents-learning-disabilities-english.pdf

6. Gender-based Violence and Learning Disability: Guidance for practitioners (Public Health Scotland)

   http://www.healthscotland.scot/media/3050/gender-based-violence-and-learning-disability-guidance-for-practitioners.pdf

7. Unlocking sexual abuse and learning disabilities (Enable Scotland)

   https://www.bava.org.uk/wp-content/uploads/enable_abusebooklet_handbook.pdf

8. Freedom programme Dominator/Friend and Mr Right/Mr Wrong resources

   https://www.freedomprogramme.co.uk/graphic.php

9. Easy Read leaflet produced by the Tizard Centre for women with learning disabilities

   https://research.kent.ac.uk/tizard/wp-content/uploads/sites/495/2019/12/final-accessible-leaflet-1.pdf

10. Video produced by the Tizard Centre for women with learning disabilities

    https://vimeo.com/116967832

11. Easy Read leaflet produced by East Kent Mencap Women's Group with Oasis Domestic Abuse Service

    https://www.eastkentmencap.co.uk/wp-content/uploads/2017/10/Domestic-Abuse-Leaflet.pdf

12. Easy Read self-help guide produced by Somerset and Avon Rape and Sexual Abuse Support

    https://www.sarsas.org.uk/easy-read/

13. Easy Read leaflets produced by Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership

    https://www.cambsdasv.org.uk/website/disabilities/96819

14. Easy Read leaflet produced by Fife Violence Against Women Partnership

    http://publications.fifedirect.org.uk/c64_DomesticAbuseEasyReadF.pdf

    http://publications.fifedirect.org.uk/c64_FMEasyReadEnglish1.pdf

15. Video produced by Misfits theatre company and Bristol City Council

    https://www.dropbox.com/s/qyoik4b02zjwzj3/MISFITS%20I%20Believe%20You%20copy%20from%20master%20copy%202.mp4?dl=0

16. Guidance to prevent people with learning disabilities being victims of forced marriage has been launched by the Foreign Office's Forced Marriage Unit (December 2010)

    https://www.gov.uk/government/news/forced-marriage-and-learning-disability-new-guidelines-to-help-prevent-abuse

17. Practice guidance toolkit for assessing capacity to consent to marriage

    https://www.nottingham.ac.uk/research/groups/mymarriagemychoice/guidelines-resources/index.aspx

18. Understanding mental capacity and marriage – a booklet for parents of people with learning disabilities (produced by Respond)

    https://respond.org.uk/wp-content/uploads/2019/06/7-Respond-Mental-Capacity-Booklet-A5-28pp_LR.pdf

19. Forced Marriage: A guide for people with learning disabilities (produced by Respond)

    https://respond.org.uk/wp-content/uploads/2019/06/Forced-Marriage-WEB-ACCESSIBLE-24.01.19.pdf

20. US Too Project Flyer – targeting professionals. NB This is the revised version that talks about staying safe in relationships rather than domestic abuse

Women with learning disabilities standing up to domestic abuse

Us Too

Us Too Team Members

FREE TRAINING for professionals

The 'Us Too' project is run by women with learning disabilities and/or autism, some of whom have survived bad relationships. We want to tell people about ***how to stay safe in relationships.***

If you work in learning disability and autism services in Devon or Cornwall, we can offer FREE workshops on domestic abuse.

If you would like more information or to book a workshop contact us:

Us Too Project Co-ordinator: Rod Landman

- **Phone:** 01237 441 786
- **Email:** rod.landman@arcuk.org.uk
- **Web:** www.arcuk.org.uk

ARC England

The 'Us Too' project is managed by ARC England and is funded by Comic Relief. It runs from March 2019 – 2021.

FUNDED BY COMIC RELIEF

21. Books beyond words

https://booksbeyondwords.co.uk/search?q=domestic%20abuse

22. CHANGE booklets

https://www.changepeople.org/shop/products

23. Social Care Institute for Excellence – 'Teaching adults to protect themselves video'

https://www.scie.org.uk/socialcaretv/video-player.asp?guid=92458a9c-f89f-4db1-bdea-e25698d01a18

24. Social Care Institute for Excellence – 'the personal story of Philip who suffered physical, financial and emotional abuse in the family home for many years' video

https://www.scie.org.uk/socialcaretv/video-player.asp?guid=7ecbeab2-87ee-476c-bf40-38d8f5aa859d

25: Podcast talking about Us Too project - see Episode 6

https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-podcasts

Buckinghamshire DVA communications (examples of)

DVA posters produced by Buckinghamshire Council in 2017 are shown below.. These were targeted at people with learning disabilities, so deliberately explained what abuse is to those who may not understand the terminology but may understand the examples of abusive behaviour given. It also provided telephone numbers at the bottom which could be torn off and hidden in a pocket or bag for later use (whole leaflets could be seen by the perpetrator and thrown away).

The following is a DVA poster produced by Thames Valley Police in 2020, and is targeted at a general audience. Note: This is unlikely to be effective for someone with a learning disability who may not understand what abuse is, may be frightened by the idea of calling the police, and may not have internet access. Also, it requires people to contact Reducing the Risk who would then pass them on to local services - having to make a second contact would be a further barrier for someone with a learning disability.

Buckinghamshire DVA referral pathway